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MONTANA LEGISLATIVE HISTORY

Chapter 306 19 91

Bill H _____ S 66 Original bill & history ✓C

H. Committee on	Human Svcs & Aging		S. Committee on	Public Health, Welfare & Safety	
Hearing Date(s)	Feb 06	✓C	Hearing Date(s)	Jan 18	✓C
	Feb 08	✓C		Jan 23	✓C
	_____	___C		_____	___C
	_____	___C		_____	___C
Date Out	Feb 11	✓C		Jan 24	✓C

Did this bill originate in an interim committee? ___Yes ___No

Committee _____ Report _____

3/25	REFERRED TO APPROPRIATIONS		
4/03	HEARING		
4/04	TABLED IN COMMITTEE		

SB 63 INTRODUCED BY SVRCEK, ET AL.
EXTENDING SELECT WORKERS' COMPENSATION COMMITTEE FOR TWO YEARS

1/09	INTRODUCED		
1/10	REFERRED TO RULES		
1/10	FIRST READING		
1/16	TABLED IN COMMITTEE		

SB 64 INTRODUCED BY GAGE
RESTRICT LIVESTOCK FROM TRESPASS IN RESIDENTIAL AND TOURISM-RELATED AREAS

1/09	INTRODUCED		
1/10	REFERRED TO AGRICULTURE, LIVESTOCK & IRRIG.		
1/10	FIRST READING		
2/01	HEARING		
2/01	TABLED IN COMMITTEE		

SB 65 INTRODUCED BY YELLOWTAIL, ET AL.
PROHIBIT RENT CONTROL

1/10	INTRODUCED		
1/10	REFERRED TO LOCAL GOVERNMENT		
1/10	FIRST READING		
1/15	HEARING		
1/23	COMMITTEE REPORT—BILL NOT PASSED		
1/23	ADVERSE COMMITTEE REPORT ADOPTED	46	2

SB 66 INTRODUCED BY HALLIGAN, ET AL.
PROVIDE FOR LICENSURE AND BOARD OF NATUROPATHIC PHYSICIANS

1/10	INTRODUCED		
1/11	FISCAL NOTE REQUESTED		
1/11	REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY		
1/11	FIRST READING		
1/16	FISCAL NOTE RECEIVED		
1/17	FISCAL NOTE PRINTED		
1/18	HEARING		
1/24	COMMITTEE REPORT—BILL PASSED AS AMENDED		
1/26	2ND READING PASSED	34	12
1/28	3RD READING PASSED	36	11
	TRANSMITTED TO HOUSE		
1/29	FIRST READING		
1/29	REFERRED TO HUMAN SERVICES & AGING		
2/06	HEARING		
2/11	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
2/13	2ND READING CONCURRED AS AMENDED	69	30
2/14	3RD READING CONCURRED	70	29
	RETURNED TO SENATE WITH AMENDMENTS		
2/16	2ND READING AMENDMENTS NOT CONCURRED	40	8
3/06	CONFERENCE COMMITTEE APPOINTED		
3/12	CONFERENCE COMMITTEE REPORT NO. 1		
3/16	2ND READING CONFERENCE COMMITTEE REPORT NO. 1 ADOPTED	46	3
3/18	3RD READING CONFERENCE COMMITTEE REPORT NO. 1 ADOPTED	43	6
	HOUSE		

3/07	CONFERENCE COMMITTEE APPOINTED		
3/12	CONFERENCE COMMITTEE REPORT NO. 1		
3/16	2ND READING CONFERENCE COMMITTEE REPORT NO. 1 ADOPTED	83	10
3/18	3RD READING CONFERENCE COMMITTEE REPORT NO. 1 ADOPTED	79	19
3/26	SIGNED BY PRESIDENT		
3/26	SIGNED BY SPEAKER		
3/27	TRANSMITTED TO GOVERNOR		
4/01	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 306		
	EFFECTIVE DATE: 04/01/91 - SECTIONS 9-11, 22		
	EFFECTIVE DATE: 10/01/91 - SECTIONS 1-8, 12-21		

SB 67 INTRODUCED BY HALLIGAN

INCOME TAX CREDIT TO PHYSICIAN PROVIDING OBSTETRICAL SERVICES FOR MEDICAID RECIPIENTS

1/10	INTRODUCED		
1/11	FISCAL NOTE REQUESTED		
1/11	REFERRED TO TAXATION		
1/11	FIRST READING		
1/17	HEARING		
1/17	FISCAL NOTE RECEIVED		
1/18	FISCAL NOTE PRINTED		
1/18	TABLED IN COMMITTEE		

SB 68 INTRODUCED BY KENNEDY

UPDATE DANGEROUS DRUG SCHEDULES

BY REQUEST OF BOARD OF PHARMACY

1/11	INTRODUCED		
1/11	REFERRED TO JUDICIARY		
1/11	FIRST READING		
1/22	HEARING		
1/22	COMMITTEE REPORT—BILL PASSED		
1/23	2ND READING PASSED	50	0
1/24	3RD READING PASSED	50	0
	TRANSMITTED TO HOUSE		
1/25	FIRST READING		
1/25	REFERRED TO JUDICIARY		
2/05	HEARING		
2/05	COMMITTEE REPORT—BILL CONCURRED		
2/07	2ND READING CONCURRED	100	0
2/08	3RD READING CONCURRED	93	0
	RETURNED TO SENATE		
2/14	SIGNED BY PRESIDENT		
2/14	SIGNED BY SPEAKER		
2/14	TRANSMITTED TO GOVERNOR		
2/19	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 36	EFFECTIVE DATE: 10/01/91	

SB 69 INTRODUCED BY ECK

CLARIFY TAXATION FOR 20+ ACRE LAND PARCELS WITH AGRICULTURAL RESTRICTIONS

BY REQUEST OF DEPARTMENT OF REVENUE

1/11	INTRODUCED
1/11	REFERRED TO TAXATION
1/11	FIRST READING
1/11	FISCAL NOTE REQUESTED
1/15	FISCAL NOTE PRINTED
1/15	FISCAL NOTE RECEIVED

SENATE BILL NO. 66

INTRODUCED BY HALLIGAN, HARDING, RYE, SVRCEK, YELLOWTAIL, PAVLOVICH, KADAS, BRADLEY

IN THE SENATE

JANUARY 11, 1991	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY.
	FIRST READING.
JANUARY 24, 1991	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED.
JANUARY 25, 1991	PRINTING REPORT.
JANUARY 26, 1991	SECOND READING, DO PASS.
JANUARY 28, 1991	ENGROSSING REPORT.
	THIRD READING, PASSED. AYES, 36; NOES, 11.
	TRANSMITTED TO HOUSE.

IN THE HOUSE

JANUARY 28, 1991	INTRODUCED AND REFERRED TO COMMITTEE ON HUMAN SERVICES & AGING.
JANUARY 29, 1991	FIRST READING.
FEBRUARY 11, 1991	COMMITTEE RECOMMEND BILL BE CONCURRED IN AS AMENDED. REPORT ADOPTED.
FEBRUARY 13, 1991	SECOND READING, CONCURRED IN AS AMENDED.
FEBRUARY 14, 1991	THIRD READING, CONCURRED IN. AYES, 70; NOES, 29.
	RETURNED TO SENATE WITH AMENDMENTS.

IN THE SENATE

FEBRUARY 16, 1991	SECOND READING, AMENDMENTS NOT CONCURRED IN.
MARCH 6, 1991	ON MOTION, CONFERENCE COMMITTEE

REQUESTED AND APPOINTED.

IN THE HOUSE

MARCH 7, 1991 — ON MOTION, CONFERENCE COMMITTEE REQUESTED AND APPOINTED.

IN THE SENATE

MARCH 12, 1991 — CONFERENCE COMMITTEE REPORTED.

IN THE HOUSE

MARCH 12, 1991 — CONFERENCE COMMITTEE REPORTED.

MARCH 16, 1991 — SECOND READING, CONFERENCE COMMITTEE REPORT ADOPTED.

IN THE SENATE

MARCH 16, 1991 — SECOND READING, CONFERENCE COMMITTEE REPORT ADOPTED.

IN THE HOUSE

MARCH 18, 1991 — THIRD READING, CONFERENCE COMMITTEE REPORT ADOPTED.

IN THE SENATE

MARCH 18, 1991 — THIRD READING, CONFERENCE COMMITTEE REPORT ADOPTED.

MARCH 19, 1991 — RECEIVED FROM HOUSE.

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

Senate BILL NO. 66

INTRODUCED BY Halligan Lambert

Ayers Harding Kedes Yellowtail Swysgood Bradley

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR THE LICENSURE OF NATUROPATHIC PHYSICIANS; ESTABLISHING A BOARD OF NATUROPATHIC PHYSICIANS; PROVIDING FOR EXEMPTIONS; PROVIDING FOR SPECIALTY PRACTICE CERTIFICATION; PROVIDING CRIMINAL PENALTIES AND CIVIL REMEDIES; GRANTING THE BOARD RULEMAKING AUTHORITY; AND PROVIDING EFFECTIVE DATES."

STATEMENT OF INTENT

A statement of intent is required for this bill because [sections 7 and 10] grant to the board of naturopathic physicians rulemaking authority to implement the provisions of this bill. It is the intent of the legislature that the board, at a minimum, adopt rules:

(1) specifying the scope of practice of naturopathic medicine;

(2) establishing license application and examination procedures, fees, and criteria for minimal educational and clinical requirements;

(3) developing procedures for the issuance, renewal, suspension, revocation, and reciprocity of licenses and procedures for certificates of specialty practice; and

(4) establishing investigatory procedures for processing complaints.

Montana Legislative Council

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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1.** Short title. [Sections 1 through 8 and 10 through 19] may be cited as the "Naturopathic Health Care Practice Act".

NEW SECTION. **Section 2.** Legislative finding -- purpose. (1) The legislature finds that a significant number of Montanans choose naturopathic medicine for their health care needs and declares that naturopathic medicine is a distinct health care profession that affects the public health, safety, and welfare and contributes to public freedom of choice in health care.

(2) The purpose of [sections 1 through 8 and 10 through 19] is to provide standards for the licensing and regulation of naturopathic physicians in order to protect the public health, safety, and welfare; to ensure that naturopathic health care by qualified naturopathic physicians is available to the people of Montana; and to provide a means of identifying qualified naturopathic physicians.

NEW SECTION. **Section 3.** Definitions. As used in [sections 1 through 8 and 10 through 19], the following definitions apply:

(1) "Approved naturopathic medical college" means a college or program granting the degree of doctor of

INTRODUCED BILL
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naturopathy or naturopathic medicine that:

(a) is accredited by the council on naturopathic medical education or another accrediting agency recognized by the United States department of education;

(b) has the status of candidate for accreditation with the accrediting agency; or

(c) has been approved by the board after an investigation that determines that the college or program meets education standards equivalent to those established by the accrediting agency and complies with the board's rules, which must require as a minimum a 4-year, full-time resident program of academic and clinical study.

(2) "Board" means the board of naturopathic physicians established in [section 9].

(3) "Department" means the department of commerce provided for in 2-15-1801.

(4) "Homeopathic preparations" means substances and drugs prepared according to the official Homeopathic Pharmacopoeia of the United States, which is the standard homeopathic text recognized by the United States food and drug administration.

(5) (a) "Minor surgery" means the use of:

(i) operative, electrical, or other methods for the surgical repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the

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removal of foreign bodies located in the superficial tissues; and

(ii) antiseptics and local anesthetics in connection with the methods.

(b) Minor surgery does not include general or spinal anesthetics, major surgery, surgery of the body cavities, or specialized surgeries, such as plastic surgery, surgery involving the eyes, or surgery involving major tendons, ligaments, nerves, or blood vessels.

(6) "Natural antibiotics" means antimicrobial, antifungal, and antiprotozoal agents that are naturally occurring substances or manufactured substances that are substantially identical, as determined by board rules, to naturally occurring substances.

(7) "Naturopathic medicine", "naturopathic health care", or "naturopathy" means a system of primary health care practiced by naturopathic physicians for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. Its purpose is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopathic physician and through the use of natural therapies and therapeutic substances.

(8) "Naturopathic childbirth attendance" means the

specialty practice of natural childbirth by naturopathic physicians that includes the use of natural therapeutic substances, ophthalmic antibiotics, emergency medicines, and minor surgery, as set by board rules. The term does not include a forceps delivery, general or spinal anesthesia, or a caesarean section.

(9) "Naturopathic physical applications" means the therapeutic use by naturopathic physicians of:

(a) the physical agents of air, water, heat, cold, sound, light, gravity, and electromagnetic nonionizing radiation; and

(b) the actions or devices of electrotherapy, diathermy, ultrasound, ultraviolet light, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.

(10) "Naturopathic physician" means a person authorized and licensed to practice naturopathic health care under sections 1 through 8 and 10 through 19.

(11) "Topical drugs" means topical analgesics, anesthetics, antiseptics, scabicides, antifungals, and antibacterials.

NEW SECTION. **Section 4.** Practice of naturopathic health care. (1) Naturopathic physicians may practice naturopathic medicine as a limited practice of the healing arts as exempted in 37-3-103(1)(n), with the following restrictions. A naturopathic physician may not:

(a) prescribe, dispense, or administer any legend drug as defined in 50-31-301 except those natural therapeutic substances and drugs authorized by subsection (2) or [section 10(2)];

(b) administer ionizing radioactive substances for therapeutic purposes;

(c) perform surgical procedures except those minor surgery procedures authorized by [sections 1 through 8 and 10 through 19]; or

(d) claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession.

(2) Naturopathic physicians may prescribe, dispense in accordance with 37-2-104, and administer for preventive and therapeutic purposes the following natural therapeutic substances, drugs, and therapies:

(a) food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and natural antibiotics;

(b) immunizations, topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, therapeutic devices, and nonprescription drugs; and

(c) barrier devices for contraception, naturopathic

childbirth attendance, and minor surgery.

(3) Naturopathic physicians may perform or order for diagnostic purposes a physical or orificial examination, x-ray, electrocardiogram, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by [section 10(2)].

NEW SECTION. **Section 5.** **License intent -- titles restricted -- license required -- enjoining unlawful practice.** (1) The intent of [sections 1 through 8 and 10 through 19] is to prohibit any person not licensed by [sections 1 through 8 and 10 through 19] from the use of the restricted terms that identify naturopathic physicians and their practice. The intent is not to prohibit a person from any practice of natural health care that may be considered part of the scope of practice of naturopathic medicine.

(2) (a) A naturopathic physician may use the prefix "Dr." or "doctor" as a title.

(b) Only a naturopathic physician may use any or all of the following titles or terms:

(i) "doctor of naturopathy", "doctor of naturopathic medicine", "naturopath", "naturopathic physician", and the abbreviation "N.D." when used to imply any of these titles; or

(ii) "naturopathic medicine", "naturopathic health care", "naturopathic", and "naturopathy".

(c) The titles and terms in subsection (2)(b) identify naturopathic physicians and are restricted to describing and identifying licensed practitioners and their practice. A person who uses these titles and terms to represent himself or his practice to the public without being licensed pursuant to [sections 1 through 8 and 10 through 19] is in violation of [sections 1 through 8 and 10 through 19].

(3) A violation of [sections 1 through 8 and 10 through 19] may be enjoined by the district court on petition by the board.

NEW SECTION. **Section 6.** **Exemptions.** (1) [Sections 1 through 8 and 10 through 19] recognize that many of the therapies used by naturopathic physicians, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopathic physicians, and their use by individuals is not prohibited by [sections 1 through 8 and 10 through 19].

(2) [Sections 1 through 8 and 10 through 19] do not restrict or apply to the scope of practice of any other professions licensed, certified, or registered under the laws of this state.

NEW SECTION. **Section 7.** **Naturopathic childbirth**

attendance -- certification for specialty practice -- requirements. (1) A naturopathic physician may not practice naturopathic childbirth attendance without first obtaining from the board a certificate of specialty practice. The board shall adopt rules setting forth the requirements to be met in order to certify naturopathic physicians for the specialty practice of naturopathic childbirth attendance.

(2) In order to be certified for the specialty practice of naturopathic childbirth attendance, a naturopathic physician shall:

(a) pass either a national standardized supplemental examination in naturopathic childbirth attendance provided by the national naturopathic profession licensing organization or another specialty examination approved by the board;

(b) complete a minimum of 100 hours in any one or in any combination of the following upon approval by the board:

(i) course work in naturopathic childbirth attendance;

(ii) an internship in naturopathic childbirth attendance; or

(iii) a preceptorship in naturopathic childbirth attendance; and

(c) have assisted in a minimum of 40 supervised births, including prenatal and postnatal care, under the direct supervision of a licensed naturopathic, medical, or

osteopathic physician with specialty training in obstetrics or natural childbirth attendance.

NEW SECTION. **Section 8.** Public health duties of naturopathic physicians. Naturopathic physicians have the same authority and responsibility as other licensed physicians with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility is limited to activities consistent with the scope of practice described in [sections 1 through 8 and 10 through 19].

NEW SECTION. **Section 9.** Board of naturopathic physicians. (1) There is a board of naturopathic physicians.

(2) The board consists of three members appointed by the governor.

(3) The members are:

(a) one member of the public; and

(b) two naturopathic physicians who have been residents of Montana for 3 years prior to being appointed. These members must be licensed under [sections 1 through 8 and 10 through 19], except during the initial transition period of 1 year after [the effective date of sections 9, 10, 11, and 22].

(4) The board is attached to the department of commerce

for administrative purposes only as prescribed in 2-15-121.

(5) The board is designated as a quasi-judicial board for purposes of 2-15-124, except that a member of the board need not be an attorney licensed to practice law in this state.

NEW SECTION. **Section 10.** Powers and duties of board. The board shall:

(1) adopt rules necessary or proper to administer and enforce [sections 1 through 8 and 10 through 19];

(2) adopt rules that specify the scope of practice of naturopathic medicine stated in [section 4], that are consistent with the definition of naturopathic medicine provided in [section 3], and that are consistent with the education provided by approved naturopathic medical colleges;

(3) adopt rules prescribing the time, place, content and passing requirements of the licensure examination, which may be composed of part or all of the national naturopathic physicians licensing examination;

(4) adopt rules that endorse equivalent licensure examinations of another state or territory of the United States, the District of Columbia, or a foreign country and that may include licensure by reciprocity;

(5) adopt rules that set fees, commensurate with costs, for application, examination, licensure and other

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administrative services;

(6) approve naturopathic medical colleges as defined in [section 3];

(7) adopt rules for the investigation of complaints against naturopathic physicians, for hearings on complaints, and to impose disciplinary action against naturopathic physicians found to be in violation of [sections 1 through 8 and 10 through 19];

(8) investigate individuals falsely claiming to be naturopathic physicians and act in cooperation with county attorneys to enforce the provisions of [sections 1 through 8 and 10 through 19];

(9) adopt rules that establish, approve, and routinely review a continuing education curriculum and accreditation for naturopathic physicians that is required for license renewal;

(10) issue certificates of specialty practice;

(11) issue temporary licenses as provided for in [section 13]; and

(12) adopt rules that, in the discretion of the board, appropriately restrict licenses to a limited scope of practice of naturopathic medicine, which may exclude the use of minor surgery, natural antibiotics, or the legend drugs allowed under [section 4].

NEW SECTION. **Section 11.** Board meetings. (1) The board

shall meet at least once annually.

(2) Special meetings may be called by any two board members or the chairman.

(3) All members must be present in order to conduct board business.

NEW SECTION. **Section 12.** **Qualifications for licensure.** A person is qualified to be licensed to practice naturopathic medicine in Montana if he:

(1) is of good moral character as determined by the board;

(2) is a graduate of an approved naturopathic medical college; and

(3) has passed an examination prescribed or endorsed by the board for the licensure of naturopathic physicians.

NEW SECTION. **Section 13.** **Application for licensure -- examination -- temporary license.** (1) A person who desires a license to practice naturopathic medicine in Montana shall apply to the department in the manner and form prescribed by the board. The application must be accompanied by the license fees, the application fees, and the documents, affidavits, and certificates necessary to establish that the applicant possesses the qualifications prescribed by [section 12]. The burden of proof is on the applicant, but the board may make an independent investigation to determine whether the applicant possesses the necessary qualifications

and whether the applicant has committed unprofessional conduct that would be basis for licensure denial. At the board's request, the applicant shall provide necessary authorizations for the release of records and information pertinent to the board's investigation.

(2) A person who applies for licensure but who has not passed a licensure examination prescribed or endorsed by the board shall apply to the board for authorization to take the prescribed licensure examination. The application for examination must be accompanied by the examination fee. If the board finds that all other qualifications for licensure except that of examination have been met, the board shall authorize the applicant to take the licensure examination.

(3) A person who has actively engaged in the practice of naturopathic medicine in Montana prior to [the effective date of sections 9, 10, 11, and 22] and who is a graduate of an approved naturopathic medical college may continue to practice naturopathic medicine until the board reviews his qualifications if he applies to and receives from the department a temporary license by October 1, 1991. The department shall issue a temporary license to a qualified applicant. The board shall, within 6 months of October 1, 1991, review the qualifications of each temporary licensee and either authorize the department to issue a license to a person qualified under [section 12 or 14] or extend the

temporary license for a term of no more than 1 year to allow the practitioner to pass the prescribed examination. A person who is not a graduate of an approved naturopathic medical college may not be granted a temporary license.

NEW SECTION. **Section 14.** Licensure by endorsement. (1) The board may authorize the department to issue to an applicant a license by endorsement if the applicant produces evidence satisfactory to the board of:

(a) a valid license or certificate issued to the applicant on the basis of an examination by an examining board under the laws of another state or territory of the United States, the District of Columbia, or a foreign country, whose licensing standards at the time the license or certificate was issued were, in the judgment and according to the rules of the board, acceptable for endorsement for granting a license to practice naturopathic medicine; or

(b) (i) an inactive license or other certificate of examination issued to or for the applicant by a naturopathic examining board under the laws of another state or territory of the United States, the District of Columbia, or a foreign country, whose examination standards at the time the license was granted or the examination was passed were acceptable for endorsement in the judgment and according to the rules of the board;

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(ii) the fact that he has not been disciplined or had his inactive license suspended or revoked for malpractice;

(iii) the fact that he has been actively engaged in the practice of naturopathic medicine for at least 1 year in a state or territory of the United States, the District of Columbia, or a foreign country, that does not license naturopathic physicians;

(iv) the fact that he is a graduate of an approved naturopathic medical college; and

(v) his good moral character.

NEW SECTION. **Section 15.** Issuance of license. If the board determines that an applicant possesses the qualifications required by [section 12], the department shall issue a license to the applicant to practice naturopathic medicine.

NEW SECTION. **Section 16.** Denial, suspension, or revocation of license -- grounds. The board may refuse to issue a license or may suspend or revoke a license issued pursuant to [sections 1 through 8 and 10 through 19] or take disciplinary action against licensees for one or more of the following causes:

(1) conviction, as shown by a certified copy of the record of the court, of a felony or a violation of any state or federal law regulating the possession, distribution, or use of any controlled substance, subject to Title 37,

chapter 1, part 2;

(2) being adjudicated incompetent or seriously mentally ill;

(3) sustaining a physical or mental disability that renders further naturopathic practice dangerous to the public;

(4) habitual intemperance with alcohol or habitual addiction to the use of a controlled substance to such an extent as to incapacitate the person from the proper performance of professional duties;

(5) malpractice;

(6) engaging in dishonorable, unethical, or unprofessional conduct, as defined by the rules of the board, that may deceive, defraud, or harm the public;

(7) obtaining or attempting to obtain by fraudulent misrepresentation a license to practice naturopathy;

(8) advertising by means of knowingly false, misleading, or deceptive statements;

(9) advertising, practicing, or attempting to practice under a name other than the person's own;

(10) using any false, fraudulent, or forged statement or document or engaging in any fraudulent, deceitful, dishonest, or immoral practice, as defined by the rules of the board, in connection with the licensing requirements of [sections 1 through 8 and 10 through 19];

(11) violation of a provision of [sections 1 through 8 and 10 through 19] or the rules adopted by the board.

NEW SECTION. **Section 17.** Denial, suspension, or revocation of license -- procedure. (1) Upon receipt of a complaint alleging violation of [sections 1 through 8 and 10 through 19] or the rules of the board, the board shall investigate the complaint and, according to its findings and the board's rules, shall either dismiss the complaint or take appropriate action to enforce [sections 1 through 8 and 10 through 19].

(2) (a) The board shall meet or hold a hearing as necessary at the time and place set pursuant to board rules. The board may continue the hearing from time to time as it determines necessary.

(b) At the hearing, the board must receive evidence upon the subject under consideration and shall accord the person against whom the complaint is filed a full and fair opportunity to be heard in his defense.

(3) After consideration, the board shall adopt a resolution finding that the licensee has either violated or not violated the provisions of [sections 1 through 8 and 10 through 19] or the rules of the board.

(4) If the board finds that a violation has not occurred, the board shall dismiss the complaint. If the board finds that a violation has occurred, it shall:

(a) revoke his license;

(b) suspend his right to practice naturopathy for a period not to exceed 1 year;

(c) suspend its judgment of revocation upon terms and conditions it determines;

(d) place him on probation; or

(e) take other disciplinary action as provided by board rules.

NEW SECTION. **Section 18.** Reinstatement of license after period of suspension -- revocation. (1) Upon the expiration of the term of the suspension, the board may reinstate a license if the suspended licensee furnishes the board with satisfactory evidence that he is then of good moral character and conduct; is restored to good health, if applicable; and has not practiced naturopathy in the state during the term of suspension.

(2) If the board is not satisfied that the licensee is then of good moral character and conduct or restored to good health or if the evidence shows that he has practiced naturopathy in this state during the term of suspension, the board may, after notice and hearing, revoke the license.

NEW SECTION. **Section 19.** Enforcement -- penalty. (1) A county attorney shall prosecute a person charged with violation of any of the provisions of [sections 1 through 8 and 10 through 19].

(2) A person who violates any of the provisions of [sections 1 through 8 and 10 through 19] is guilty of a misdemeanor and, upon conviction, is punishable by a fine not exceeding $500 or by imprisonment in the county jail for a term not to exceed 6 months, or both.

NEW SECTION. **Section 20.** Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

NEW SECTION. **Section 21.** Codification instruction. (1) [Section 9] is intended to be codified as an integral part of Title 2, chapter 15, part 18, and the provisions of Title 2, chapter 15, part 18, apply to [section 9].

(2) [Sections 1 through 8 and 10 through 19] are intended to be codified as an integral part of Title 37.

NEW SECTION. **Section 22.** Effective dates. (1) [Sections 9, 10, 11, and this section] are effective on passage and approval.

(2) [Sections 1 through 8 and 12 through 21] are effective October 1, 1991.

-End-

STATE OF MONTANA - FISCAL NOTE
Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for SB0066, as introduced.

DESCRIPTION OF PROPOSED LEGISLATION:

An act providing for the licensure of naturopathic physicians; establishing a Board of Naturopathic Physicians; providing for exemptions; providing for specialty practice certification; providing criminal penalties and civil remedies; granting the board rulemaking authority; and providing effective dates.

ASSUMPTIONS:

1. In FY92, the Board of Naturopathic Physicians will process 14 applications at $300 each; will conduct 3 examinations at $350 each and will license the 14 applicants at $350 each for total revenue of $10,150. In FY93, 3 applications will be processed at $300 each; 3 examinations will be given at $350 each; 2 licenses will be issued at $350 each and 14 license renewals issued at $350 each for a total of $7,550.
2. The board will meet four times in FY92 to initiate the program and two times in FY93. Conducting the business of each meeting will take one day.
3. Expenses of the board include per diem, travel, supplies, communication, postage, printing and administrative overhead fees. The department estimates travel expenses will be approximately $293.50 per meeting.
4. Administrative overhead expenses must be credited to the POL Bureau of the Department of Commerce.

FISCAL IMPACT:

Bd of Naturopathic Physicians	FY 92			FY 93		
	Current Law	Proposed Law	Difference	Current Law	Proposed Law	Difference
Expenditures:						
FTE	0.00	0.00	0.00	0.00	0.00	0.00
Personal Services	0	600	600	0	600	600
Operating Costs	0	5,472	5,472	0	4,087	4,087
Total	0	6,072	6,072	0	4,687	4,687
Revenue:						
License Fees (02)	0	10,150	10,150	0	7,550	7,550
Account Balance:	0	4,078	4,078	0	2,863	2,863

1-16-91
ROD SUNDSTED, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

1-16-91
MIKE HALLIGAN, PRIMARY SPONSOR DATE

Fiscal Note for SB0066, as introduced

SB 66

MINUTES

MONTANA SENATE
52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By Senator Dorothy Eck, on January 18, 1991, at 1:02 p.m.

ROLL CALL

Members Present:
Dorothy Eck, Chairman (D)
Eve Franklin, Vice Chairman (D)
James Burnett (R)
Thomas Hager (R)
Judy Jacobson (D)
Bob Pipinich (D)
David Rye (R)
Thomas Towe (D)

Members Excused: None

Staff Present: Tom Gomez (Legislative Council)
Christine Mangiantini (Committee Secretary)

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Announcements/Discussion:

HEARING ON SENATE BILL 66

Presentation and Opening Statement by Sponsor:

Senator Mike Halligan opened by saying that the intent of SB 66 is to license naturopathic physicians in Montana. He stated that this bill is exactly like every other licensure bill brought before the legislature. Senator Halligan continued by noting that naturopathic physicians have attended colleges accredited by their national organization and said public safety considerations have been addressed in the legislation. He said the proponents have worked on this bill for over six years and he feels the legislation is balanced and that the proponents are willing to work with the medical community to make the bill more acceptable.

Proponents' Testimony:

The chairman recognized the proponents of the bill and called for the first witness.

Dr. Michael Bergkamp, N.D., President of the Montana Association of Naturopathic Physicians, testified in favor of the measure. Dr. Bergkamp said in his practice he concentrates on health--keeping his patients from entering the stage of disease. He said he has practiced for 10 years in Montana and closed by saying the only way to guarantee the public a choice in health care is to pursue licensing of naturopathic physicians.

The second witness to testify in favor of SB 66 was Dr. Konrad Kail, N.D., President of the American Association of Naturopathic Physicians and a board member of the Arizona Naturopathic Association. Dr. Kail referred to graph's during his presentation which were viewed by the committee from an overhead projector. Dr. Kail compared the difference between the dietetic professional and naturopathic physicians by saying that dietetic instruction is based on dietary care for patients in hospitals and institutional care that has to do with providing diet. While naturopathic physicians approach the clinical application to study both the diagnosis and treatment of the disease and all basic sciences that are relevant to it. He continued by noting some of the differences between conventional medicine and naturopathic medicine by saying conventional medicine deals primarily with pharmaceutical and surgical experiences. Naturopathic medicine deals more with natural and less evasive techniques. He noted that conventional medicine has a distinct crisis orientation and imposes little training to preventative measures. He said naturopathic physicians have specific education in prevention, health promotion and health maintenance which provides the core of making lifestyle changes in the patients. He said naturopathic physicians are the only primary care practitioners who meet the Surgeon General's recommendations for nutrition counseling.

The third witness to testify in favor of SB 66 was Dr. Russell Jaffe, M.D., Director of the Princeton BioCenter and Fellow, Health Studies Collegium. See Exhibit #1 for a copy of his remarks.

The fourth witness to testify in favor of SB 66 was Dr. Gilbert Milner, M.D., former professor at the University of Florida College of Medicine. See Exhibit's #2, #3, #4, #5 for reference materials used in his remarks. Dr. Milner practices child psychiatry in Spokane, Washington. He established a collegial relationship with naturopathic physicians because they were both serving the same clientele. In each case he found the collegial relationship to be well grounded in treatment, diagnosis, and were openly ready to confer and refer patients at appropriate times. Licensure of naturopathic physicians in Washington has provided him with the assurance that the professional he is meeting with is well qualified, coming from a school that meets the kind of criteria that is necessary for naturopathic practice.

The fifth witness to testify in favor of SB 66 was Mr. Dave Fuller who stated that he has become a believer in naturopathic medicines. Three years ago Lewis and Clark county adopted naturopathic medicine as a covered expense under the medical plan. This was requested by county employees. Utilization of naturopathic medicine has increased every year. Mr. Fuller said medical costs have decreased because of it. Mr. Fuller continued by saying the time has come for regulation. The public interest demands some licensing and regulation. He said he has found his experiences very positive in utilizing naturopathic physician services.

The sixth witness to testify in favor of SB 66 was Dr. Nancy Aagenes, N.D., Chair of the Legislative Affairs committee of the Montana Association of Naturopathic Physicians. See Exhibit #6 for reference materials passed out during her comments. She noted that many of the committee members constituents want to be patients of naturopathic physicians and they are prepared through education and commitment to treat human beings. She suggested pluralistic medical systems exist harmoniously in Europe and Canada. She said they are taught caution, taught red flag's in medical school and taught to refer. To sincerely resist quackery the public should demand the licensing of naturopathic physicians. She said the industry would be remiss if they did not bring this bill before the legislature. She said the committee is not being asked to make a medical decision but this is a public policy matter. She said the legislature is being asked to set minimum standards so that no one can use the title naturopathic physician unless they meet certain standards. Require naturopathic physicians what you would ask of any other professional--examination and peer review. She said she cannot receive her malpractice insurance without a license. She closed by saying the naturopathic community awaits the affirmative action of the committee.

The seventh witness to testify in favor of SB 66 was Darlene J. Golas, licensed social worker in Hamilton, MT. She became introduced to naturopathic medicine 15 years ago when she accidentally blinded herself in the left eye. She was working at that time as a physicians assistant. She said she was told that there was nothing she could do to regenerate the damaged nerve tissue in her blind eye. She then checked with naturopathic physicians in Seattle for recourse. She said she was completely impressed with the information, diagnosis and treatment. Each year her eye was healing further and the scar within her eye was shrinking. She has passed drivers exams in Montana and Washington since then. She currently works with Viet Nam era veterans in Ravalli county. She has worked in Montana with six naturopathic physicians over the years and sees the advantage of self-empowering health care by putting the responsibility in the hands of the patient, instead of going to the doctor for healing. The patients are advised and guided.

She has referred Viet Nam era veterans to naturopathic physicians for assistance in sleeping and has found the results positive.

Opponents' Testimony:

The chairman thanked the proponents for their testimony and opened the hearing for testimony from those in opposition to SB 66.

The first witness to testify in opposition to SB 66 was Lorette Meske, M.D. Internal Medicine. Exhibit #7 is a copy of her remarks.

The second witness to testify in opposition to SB 66 was Sharon Diezinger, representing the Montana Nurses Association. Ms. Diezinger stated that they gave great consideration to watching this issue from the sidelines. After reviewing the bill the legislative committee met and asked her to express concerns about the sanctions of licensure to this small group of practitioners. She said Nancy Aagenes has extended to the Montana Nurses Association a commitment to negotiate any portions of the bill that would make it more acceptable and they are willing to work with her on that invitation. One issue of concern is less requirements for birth attendants. They are not testifying on the merit or non-merit of naturopathic medicine but those areas in the realm of conventional medicine and that a maintenance of standards equal to those continue to exist.

The third witness to testify in opposition to SB 66 was Cindy Lewis, Montana Dietetic Association. Exhibit #8 is a copy of her remarks.

The fourth witness to testify in opposition to SB 66 was Dr. Brian McGuire, Anesthesiologist in private practice. He commended the efforts of the naturopaths to promote nutrition, stress reduction and lifestyle changes, he does not believe that licensure is necessary for the practice. He cannot support the bill because the scope of practice is too open-ended. In addition the naturopaths wish to deliver babies, provide immunizations, provide for therapeutic ultrasound and blood tests, among other things. He thinks this is a license to practice medicine. He thinks the literature that has been distributed contains a number of inaccuracies. Dr. McGuire submitted to the committee Exhibits #9 and #10, which he referred to in his remarks.

The fifth witness to testify in opposition to SB 66 was Mr. Jerome Loendorf, representing the Montana Medical Association. Mr. Loendorf stated that the bill protects the name 'naturopaths' and protects the right of certain people to use it. Section 5 states that it is not intended to prevent anyone else from practicing naturopathic medicine. The effect of the provision is to merely protect a name. He said the scientific basis argument can never identify what specific diseases a naturopathic physician treats with what specific natural substances or therapies. He said most conditions are treated effectively today by conventional medicine. He said if you attempt to skirt science you just put the public at risk. He said he was not against naturopaths but would like to see a study from a major university in this country that would go through and analyze naturopathy.

The sixth witness to testify in opposition to SB 66 was Steve Browning, representing the Montana Hospital Association. Mr. Browning commented that the Association has always expressed concern about the licensing of new health care professions. They think it is imperative that before new health care professions are licensed that there be abundant proof of the efficacy of the professions.

The seventh witness to testify in opposition to SB 66 was Ms. Bonnie Tippy, representing the Montana Chiropractic Association. Exhibit # 11 is a copy of her remarks.

Questions From Committee Members:

The chairman asked for questions from committee members and recognized Senator Towe.

Senator Towe addressed Mr. Loendorf and asked about adequate evidence of the effectiveness of the naturopathic practice.

Mr. Loendorf responded that he was unconvinced by the proponents testimony because of the lack of information. He said not specific studies have ever been identified.

Senator Towe asked Dr. Jaffe to address the issue of studies on naturopathic medicine.

Dr. Jaffe responded that he took the textbooks and peer review literature off the shelves of the library and in his office and the list was very long. He said the literature does exist. He said he was a skeptic of this field based upon his medical training. He said he has found abundant world literature and would be happy to present supplementary information about the field. He referred to the textbook of Natural Medicine, the textbook and journal of Natural Products that is in its 50th year of publication. He said the scientists on the board are world renowned.

The chairman asked Dr. Jaffe to highlight blind studies that have been verified.

Dr. Jaffe agreed to provide the information.

The chair recognized Senator Rye who asked Dr. Jaffe if there were a dozen witch doctors in Montana if he would defend the freedom of choice for people to choose those witch doctors.

Dr. Jaffe responded that he was very specific that competently trained, peer reviewed professionals should be available in the freedom of choice domain and he distinguished what he called witch doctors and those who have the gift of god, he would not recommend the licensure of those individuals. He continued by saying that he would recommend the licensure of naturopathic physicians. He said that if he had been trained in medical school in natural therapeutics, in counseling, he would have been a better doctor. He said he received four hours of nutritional training out of the 4,827 hours of his medical education.

The chairman recognized Senator Rye for a follow-up question. He asked the medical doctors in the audience if they objected to the naturopaths using the word 'doctor' in front of their name.

Dr. Meske responded that she did not have any particular objection to that use except in the case where the public does not know what that means. She said naturopathic physicians are here and will stay here. She said her medical society objects to putting a seal of approval on the practice which she believes has not been proven to be effective.

The chair recognized Senator Towe who raised the question about a study. He said the researcher just handed him a study done pursuant to a resolution regarding the Sunrise Committee.

Mr. Loendorf said he was unfamiliar with the document. He said he did not have the report. He said he was talking about having a scientific study performed.

Senator Towe asked Cindy Lewis about insufficient criteria in the statute limiting the practice of naturopathic medicine.

Ms. Lewis said her concern is that in 1987 the legislature passed the Sunrise Act which stated criteria very specifically for people who wanted to be licensed. Her concern is that this group does not meet the criteria because they have shown no proof. She said the group needed to prove that the unregulated practice was directly and immediately endangered the public safety and welfare and it needed to provide proof that the public is not protected by other means.

Senator Towe said he looked at licensing requirements for dieticians and found only an educational requirement.

Ms. Lewis said there is well established criteria for a dietician. When dieticians tried to be licensed several years ago one of the things they had to prove very clearly was that the public health, safety and welfare was being harmed by the unregulated practice of nutrition.

The chairman recognized Senator Jacobson who asked about approved schools and accreditation.

Dr. Kail responded that one of the two schools is fully accredited. The National College of Naturopathic Medicine is in accreditation process which is a multi-year process where the school has to show intent to complete certain steps. Another site visit is scheduled in the spring of 1991. They are in process and have candidate status.

Senator Jacobson had a follow-up question about accreditation.

Dr. Kail responded that the peer review process is comprised of a group of naturopathic physicians that come from various institutions. This is a body that has approval from the Department of Education. This is a short-term approval because of the accrediting process by the Department of Education.

The chairman recognized Senator Franklin for a question about clinical education.

Dr. Aagenes responded that the traditional roots of her profession are closely aligned with the profession of chiropractors, many chiropractors do x-rays in their offices. She said they are trained in radiology but noted that she did not think any of her colleagues would read x-rays without referring to a radiologist. Dr. Aagenes said she was willing to work to draw the language tighter but is not willing to back away from the things they are educated to do.

Senator Franklin asked a question in regard to child birth clinical experience.

Dr. Nancy Dunne said she is a member of the American College of Naturopathic Obstetrician and licensed by the state of Oregon with a certificate of competency in natural child birth. The number of hours of experience is in the range of 180 to 220 academic hours and attendance at 50 births supervised by a licensed practitioner. They must also attend 50 clients from prenatal to post natal care, that is the basic level of membership.

Senator Franklin had a follow-up question with regard to immunizations.

Dr. Kail responded that conventional immunizations are referenced in the proposed legislation. The professional paper in the field calls for informed consent. In Arizona the law states that it is the patients or the guardians choice. He feels the patients need to be given the pro's and con's and also the viable alternatives.

Senator Franklin asked about public health law and child immunizations.

Dr. Kail responded that most statutes that enable naturopathic medical licensure mandate that they carry out the public health laws. He believes naturopathic physicians should be licensed to administer those immunizations.

Senator Jacobson asked about a part of the bill referring to prescribing, dispensing or administering a legend drug.

Dr. Bergkamp responded that he met yesterday with a member of the pharmacy board who had similar questions. He said Oregon had an explicit list of drugs that could be used. He continued by saying natural antibiotics are not prescription items. He said the local pharmacist can fill the prescription, at least that is what is happening in the other states. He said the pharmacy was concerned about dispensing, which they cannot do. Herbs from China are real medicines they can be received from a doctor. They are only available through a professional, we would like to restrict that even more by saying through a licensed professional that has met certain qualifications.

Closing by Sponsor:

There being no further questions the chairman recognized Senator Halligan to close on SB 66.

Senator Halligan remarked that in the 1920's before all of the drugs were available, people practiced natural medicine. He said there were 10,000 naturopathic physicians in the United States, and 20 medical colleges. We are moving back toward diet and those common sense sorts of things but still using the traditional medical professionals. The traditional medical professionals who understand naturopathic procedures understand they can play a role in the preventive side. It is our job to make the policy decision. This bill is about cooperation, there are exemptions in the bill to allow dieticians to practice, to allow nurses and chiropractors to do their own jobs. It is not an attempt to limit their practice.

Naturopathic physicians are taught when to refer a patient to the regular medical doctor. That is the important balance of this bill, it is not an open-ended bill, the limitations are there.

There being no further business the chairman moved to adjourn the hearing. There being no objection the motion carried.

ADJOURNMENT

Adjournment At: 3:00 p.m.

SENATOR DOROTHY ECK, Chairman

CHRISTINE MANGIANTINI, Secretary

DE/cm

Exhibit 1

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of January, 1991.

Name: Russell Jaffe

Address: 862 Route 518

SKILLMAN, NJ 08558

Telephone Number: 609 924 8607

Representing whom?

self

Appearing on which proposal?

SB 66

Do you: Support? X Amend?____ Oppose?____

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 1-15-91
BILL NO. SB 66

Testimony of

Dr. Russell M. Jaffe, MD, PhD, FCAP (CP/CC), FASCP, FCAN, FAIAIS

on behalf of **Senate Bill 66**, 52nd Montana Legislature

Madame Chairman and Senators of the Committee: It is my privilege to testify before you as a physician on behalf of this bill to license maturopathic doctors. First I would like to present my professional background and then support passage of this legislation as vital to the interests of Montana citizens.

Background on Dr. Jaffe: My medical schooling includes an MD (with honors) and a PhD (in Biochemistry and Medical Science) from Boston University Medical Center (BUMC) in 1972. After an Internship in Medicine done at University Hospital in Boston (BUMC's academic teaching hospital) I was awarded a United States Public Health Service Commission and was assigned to the Clinical Center of the National Institutes of Health (NIH) where a Residency in Clinical Pathology lead to Board certification in laboratory medicine in 1975 and to subspeciality board certification in Chemical Pathology in 1977. From 1975-1979 I was a permanent Senior Staff Physician at NIH. During my tenure at NIH my group developed novel laboratory procedures including a high specificity early colon cancer screening test; specialized tests of blood clotting that help link changes in stress with the stickiness of blood platelets with risk of heart disease; research on the reversibility of coronary artery disease and athreosclerosis; a test to detect blood loss from the intestine; methods for preservation of blood platelets; and fundamental research on the mechanism by which structural proteins (collagen) activate blood platelets. For this work The J. D. Lane (USPHS) Annual Research Award,

the Merck, Sharpe, and Dohme Excellence in Research Award, NIH Meritorious Service Awards have been awarded. My publications include over 40 peer reviewed articles and a roughly equal number of invited papers, abstracts, symposia addresses and books. Since leaving government service I have worked for a healthier America as Fellow of the Health Studies Collegium and through private sector initiatives including projects or reports to The Governor's Office of the State of California; The Board of Agriculture of the State of Hawaii; and The Health Insurance Association of America. Since 1987 I have been Medical Director of Serammune Physicians Laboratory, provider of a state-of-the-art blood test of immune reactions of blood cells. Since 1989 I have also been Director of the Princeton BioCenter, a 20 year old foundation sponsored research institute. I am an elected Fellow of several medical professional societies including the American Society of Clinical Pathologist (ASCP), the American College of Physicians (ACN), and the American In Vitro Allergy Immunology Society (AIAIS). My qualification for being here is simply that I provide continuing education lectures to over 5,000 medical and naturopathic doctors through invited lectures to professional societies and graduate schools. While I am sure that many of the people who appear before you are distinguished and represent large constituencies, I provide myself and my family's experience as the basis for my remarks.

Reasons why Dr. Jaffe testifies on behalf of this bill:

1. Montana citizens deserve freedom of choice
2. Naturopathic doctors are competently, scientifically, and clinically well trained
3. This bill can help contain costs of medical care
4. Competition in the physicians market is healthy
5. People look to you Senators for protection
6. Naturopathic medicine is being used and unregulated environments invite problems
7. There is a need for professional peer review

Addressing each of these points in turn...

1. Montana citizens deserve freedom of choice

As American citizens, your constituents deserve to have the freedom to choose among safe and effective forms of health care. This is a basic, constitutional right which is as important in health care as in any aspect of life. People with health needs should have the choice of their health care provider – as they currently do among allopathic (conventional), osteopathic, chiropractic, and podiatric doctors.

2. Naturopathic physicians are competently, scientifically, and clinically well trained

One of the key questions about this bill is the safety and efficacy of naturopathic medicine. While more study always needs be done (or so we scientists almost alwyas say), there is enough scientific literature to satisfy me that the answer to this question of safety and efficacy **is that naturopathic practice is as safe and effective**[1,2], within it's scope of practice, as allopathic medical practice, podiatric practice, osteopathic practice, optometric practice, and chiropractic practice. Studies have shown that naturopathic doctors spend more time per patient visit and that patient outcomes are at least comparable between naturopathic and other doctors, within proper scopes of practice.

One measure of the safety and efficacy issue is the low cost of malpractice insurance for naturopathic doctors compared with medical doctors. For example, a naturopathic doctor pays about $2,000 which is less than one third of the $7,000 premium that a General medical doctor pays in malpractice fees (HIAA, AANP, and WANP, personal communications). In addition, in a four year study by Master Insurance Trust the incidence of naturopathic doctors having malpractice claims made against them was lower than for comparable medical doctors.

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1. Pizzorno, J and Murry, M Textbook of Natural Medicine, Bastyr Press, 1987.
2. Bergner, P Toward documenting the cost effectiveness of naturopathic medicine. AANP Quarterly Newsletter. 1989; 5: 32-35.

In my lectures before naturopathic students I find no difference in level of ability or enthusiasm from that of medical students. If anything, naturopathic students seem more highly motivated and clear in their intent to serve people than medical students. In my continuing education lectures, the attentiveness of the audience and the quality of questions asked is comparable between naturopathic and medical doctors. In my collaborative research in biochemistry, immunology, and toxicology, I find no difference in depth of knowledge of the scientific literature between naturopathic and medical scientists.

Further the curricula for training of naturopathic and other medical doctors are quite similar. The following chart compares naturopathic and allopathic practice.

CURRICULA COMPARISON BETWEEN NATUROPATHIC AND ALLOPATHIC MEDICAL STUDENTS

TRAINING CATEGORY	NCNM[3]	JBC[4]	AAMC[5] AVERAGE[6]
Basic & Pre-Clinical Sciences	2070 hours	1891 hours	1678 hours
Clinical Clerkships	1974 hours	1959 hours	3455 hours
Natural Therapeutics	492 hours	335 hours	0 hours
Therapeutic Nutrition	144 hours	138 hours	12 hours
Counseling	144 hours	158 hours	6 hours
TOTALS	4824 hours	4481 hours	5151 hours

3. NCNM = NATIONAL COLLEGE OF NATUROPATHIC MEDICINE, PORTLAND, ORE.
4. JBC = JOHN BASTYR COLLEGE OF NATUROPATHIC MEDICINE, SEATTLE, WA.
5. AAMC = AMERICAN ASSOCIATION OF MEDICAL COLLEGES, WASHINGTON, DC
6. OF 106 ALLOPATHIC MEDICAL COLLEGES

Further, as a person who enjoys the minute details of scientific investigation and the process of scientific discovery, I assure you that naturopathic medicine is as well grounded today in contemporary science as allopathic medicine. In both areas, great stride yet need be made.

Some of my medical colleagues oppose this bill on grounds that naturopathic medicine is not scientifically documented. As someone who ought to know better, I respectfully submit that those who oppose this bill on that supposed grounds, are unaware of the facts.

In conclusion naturopathic medicine is as scientifically grounded and well documented as other medical disciplines.

3. This bill can help contain costs of medical care

We are all painfully aware the costs of medical care continue to rise in spite of heroic efforts to contain them. At the same time peoples confidence in medical professionals is at an all time low.[7] As my grandmother used to say, "The rents are going up and the ceilings are coming down."

By following Surgeon General's Richmond[8] and Koop[9] and also Secretary of Health and Human Services Sullivan's[10] recommendation to employ preventive health approaches; to seek and treat the cause not the consequence of a health problem; to apply low risk / high gain approaches first, naturopathic and other prevention-oriented physicians have been shown to be cost effective in their provision of care[11]. A large part of this derives from naturopathic doctors use of less

7. Califano, J 'Billions blown on health', New York Times 14 April 1989
8. Richmond J U S Surgeon Generals report on healthy Americans, DHHS, US Govt Print Off, 1978.
9. Koop, C E. U.S. Surgeon Generals report on nutrition and health, U S Govt Printing Office, 1988
10. Sullivan L Health 2000 Report, DHHS, US Govt Printing Office, 1990
11. Hawaii State Auditor, "Study of proposed mandatory health insurance for naturopathic care." Leg Aud, State of Hawaii, December 1989, p12.

expensive diagnostic technologies to achieve comparable, equivalent results.

4. Competition in the physicians market is healthy

It is my experience that competition is healthy, useful, and timely.

5. People look to you Senators for protection

You have been selected by your fellow citizens to represent their interests. In my conversations with airport personnel, hotel employees, and legislative staff it is clear that citizens want competent professionals to regulate their professions behavior. People also want the choice available from amongst various professional choices for their care. This is what I hear from Glacier National Park to Bozman; from Billings to Kalispell; from Helena to Arlie.

6. Naturopathic medicine is being used and unregulated environments invite problems

This brings me to a companion point: naturopathic doctors are practicing in this state. They are currently unregulated. There are people who present themselves as naturopaths without proper training. I call upon you to protect people from harm by enacting this legislation.

7. There is a need for professional peer review

I urge you to include proper standards and practices as well as proper peer review in the legislation in order to provide choice to caring, cost effect competent care to yourselves and your fellow citizens.

I am grateful for your attention and the courtesy of listening to my remarks.

Fax copy

WHOLISTIC FAMILY MEDICINE

Ben & Linda Hole, M.D.

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 1-18-91
BILL NO. SB66

1-17-91

To Montana State Legislature: re Senate Bill #66

Dear Sirs and Ladies,

I have been a medical doctor for 27 years. I was trained at Stanford and am board certified in diagnostic radiology.

For the past 8 years I have had the pleasure & professional association with Naturopathic physicians whom I have learned to admire, trust & respect. I believe they bring a valuable and sh approach to patient care, an approach that is plimentary and certainly not antagonistic to ventional medical practices. I believe your ntana citizens would benefit greatly by a change your state laws that will allow a better access to turopathic Medicine.

I encourage you to affirm senate bill #66.

Respectfully,

Ben Hole, M.D.

[illegible] WA 00000 • (500) 747-2000

William F. Corell, M.D.
Family Practice • Holistic & Preventive Medicine

S. 3424 Grand Blvd. • Spokane, WA 99203-2621 • (509) 838-5800

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 1-18-91
BILL NO. SB 66

January 17, 1991

Montana Legislature
Senate Health Committee

RE: Senate Bill 66
Naturopathic Health Care Practice Act

Dear Health Committee Members:

I am a family practitioner, having been licensed to practice in the state of Washington since 1979. During the last 10 years of my practice, I have been involved in integrating traditional medical care with a more naturally oriented practice. As a result, I have had numerous opportunities of interacting with naturopathic physicians, and this experience has been most favorable. I would strongly support licensure for naturopathic physicians, as I believe this provides distinct advantages for physicians and patients in the state of Montana. I have developed a profound respect for most of the naturopaths with whom I have had contact. Their education at this point time is appropriate and adequate for the situations that they deal with. I have found them to be clinically effective in a number of practice situations which have not responded well to medication or surgery, from a traditional medical standpoint. Finally, the integrity of most of the naturopathic physicians whom I have encountered has been beyond reproach. I have found my interactions with naturopathic physicians to be an enhancement to my practice, and an expansion of patient choice. As a result, I feel complimented by naturopaths, rather than threatened by them.

I understand that many M.D.'s in Montana have not had an opportunity to work directly with naturopathic physicians, and as a result, may feel uncomfortable in providing licensure for naturopaths. I would offer my 10 years positive experience working with naturopaths as a reassurance in this regard. I would also suggest that licensure is the best way to provide quality assurance, to make sure that medical care, both traditional and naturopathic, is of the highest possible caliber. Therefore, I strongly support the licensure of naturopathic physicians in the state of Montana. If I can provide further details, please do not hesitate to contact me. Enclosed is my curriculum vitae for your review.

Thank you for your attention in this matter.

Sincerely yours,

Wm Corell

William F. Corell, M.D.

WC/jm

Enclosure

dictated but not read

SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 1-18-91
BILL NO. SB 66

William F. Corell, M.D.
Family Practice • Holistic & Preventive Medicine
S. 3424 Grand Blvd. • Spokane, WA 99203-2621 • (509) 838-5800

CURRICULUM VITAE

1966	Central High School, LaCrosse, Wisconsin Valedictorian
1966-70	Yale College, B.S. cum laude
1969-70	"Electrical Correlates to the Lipid Phase Change" (Sole Investigator)
1970	"Field Demonstration of Polarataxis in the Fish Zenarchopterus" (Research Assistant) References: Waterman, T.H. et.al. J. Exp. Zool. 180: 33-54, 1972 Biol. Bull. 143: 112-126, 1972
1971	"Lipid Synthesis in the Neonatal Rat Brain" (Principal investigator)
1971	"Human Neonatal Behavioral Correlations with Maternal Labor Patterns" (Research Assistant)
1972	"Early Diagnostic and Prognostic Indicators in Acute Renal Failure" (Principal Investigator)
1973	Recipient, U.S. Public Health Fellowship The Health Care Delivery System of Yugoslavia
1970-74	Stanford University School of Medicine, M.D.
1974-75	Intern, Internal Medicine Mt. Zion Hospital and Medical Center San Francisco, CA
1975-77	Resident, Stanford University Medical Center -Otolaryngology, Year I - Surgery, Year II
1977-79	Resident, University of California Davis Department of Family Practice
1978-79	Chief Resident, University of California, Davis Department of Family Practice

1979-82	Staff Physician, INA Health Plan, Spokane, WA
1979-85	Clinical Staff, University of Washington Department of Family Practice
1982	Co-founder, Wellness Associates, Spokane, WA
1983-84	Medical Director, Wellness Associates, Spokane, WA
1985-Present	Solo Practice, Family Practice, Holistic & Preventive Medicine, Spokane, WA
1984-87	Medical Director, The Tamarack Center, Spokane, WA Residential treatment center for disturbed adolescents
1987-88	Medical Director, Hope Clinic, Bellevue, WA Specializing in childhood & adult learning disabilities
1988-1990	Medical Director, Care Unit at Garden Terrace, Spokane, WA In-patient Drug & Alcohol Detox & Rehab Program
1989-Present	Staff Physician, Sacred Heart Medical Center Health Management Clinic, Spokane, WA

Community and Public Service:

Spokane County Medical Society:

1982-Present:	Grievance Committee
1982-Present:	Health & Public Awareness Committee
1984-Present:	Chairman, Health & Public Awareness Committee
1985-Present:	Peer Review Committee
1983-Present:	Herpes Support Group - Advisory Board
1984-1985	District 81: Health Occupation Advisory Committee
1982-Present	Physicians for Social Responsibility
1984-1985	Treasurer
1982-1983	A.H.M.I. Founding Member, Treasurer
1984	Colville Diet Center, Medical Advisor

Dr. Corell has been instrumental in advancing principles of Wellness Medicine in the city of Spokane. He maintains a busy private practice while remaining active as a lecturer and consultant. His specific areas of expertise include nutritional therapy, allergy & clinical ecology, stress management, acupuncture, and oriental medicine.

Exhibit (5)
1-18-91
SB66

(6)
6
SB 66

WITNESS STATEMENT

ted by a person testifying or a person who wants s
ony entered into the record.

18th day of January, 1991.

Dave Fuller

Box 1724 - Helena, 59623

nber: 447-8304

whom?
Lewis & Clark County Commission

which proposal?
SB-66

ort? X Amend?____ Oppose?____

NY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY CRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 1-18-91
BILL NO. SB 66

December 17, 1990

Nancy Aagenes, N.D.
1820 Harrison
Butte, MT 59701

Re: Medical-Professional Liability Insurance--*Naturopathic Physicians*

Dear Dr. Aagenes,

As we discussed this morning over the phone, we are not able to provide coverage to naturopathic physicians in the state of Montana at this time because the state of Montana does not yet license naturopathic physicians. However, we have been placing this coverage, with very low loss experience I might add, for the past five years in the eight states where naturopathic medicine is currently licensed.

Because our experience has shown naturopathic medicine to be a preferred liability risk, we are interested in accommodating as many qualified naturopathic physicians as possible. We recently consulted with a member of the NPLEX board in an effort to analyze whether there would indeed be a possibility of offering coverage to those naturopathic physicians practicing in states where they are not yet able to be licensed. Our conclusion, however, was that we will need to wait until your state grants you licensure before you are insurable.

Let me reiterate how impressed we have been with our expereince with naturopathic medicine. Our parent organization is a specialty brokerage firm emphasizing group coverages for physicians & surgeons, clinics, and hospitals in all 50 states. Our clients total over 60,000 physicians. This experience enables us to judge our naturopathic "block of business" as a clearly superior liability risk. From a lay perspective, we attribute this largely to the non-invasiveness of naturopathic medicine, and the generally high quality physician/patient relationships that this type of medicine dictates.

Should you have any further questions, please do not hesitate to call. We also appreciate your efforts to keep us informed of your state's position toward naturopathic licensure.

Sincerely,

Jeffrey D. Brunken
Program Manager

JDB:jj

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INSURANCE
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P.O. Box 23430
San Jose, CA 95153-
408-365-3799

Toward Documenting the Cost-Effectiveness of Naturopathic Medicine

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 1-18-91
BILL NO. SB 66

by Paul Bergner

Editor's Note: For the past year, the Public Affairs Department of the AANP has been researching information on the cost-effectiveness of naturopathic medicine. We have compiled information on both costs and effectiveness and devised approaches to legislators and regulators, insurance companies, self-insuring corporations, the press and the public. We are now developing a series of information sheets and brochures which will help you, your patients and your state associations. Some will be available for the first time at the AANP Convention. With this issue, we have asked AANP consultant Paul Bergner, of Bergner Communications, to share some of this information with you. We invite your own insights and information to strengthen the case for cost savings and effective treatments of naturopathic medicine. If you have specific feedback, please contact Bergner Communications, PO Box 33080, Portland, OR 97233.

Ten Reasons Why Naturopathic Medicine Reduces Health Costs

1. Naturopathic physicians are trained and licensed to practice primary care medicine. Studies show that a primary care physician gatekeeper reduces the high costs of specialist medicine.

2. Naturopathic treatments are inherently less expensive than those likely to be recommended by a conventional physician, and many naturopathic treatments have no costs associated with them at all. This sentence is taken verbatim from the report of an insurance auditor for the State of Hawaii. The full report, which concludes that there is no evidence that naturopathic medicine increases health costs, is available from the AANP. The most common naturopathic treatments—clinical nutrition, lifestyle modification, homeopathy, botanical medicine, physiotherapy, and counseling—usually involve no more than the charge for a few office visits.

3. Naturopathic practice reduces the incidence of unnecessary surgical procedures. Naturopathic physicians support the legitimate use of surgery, but are unlikely to recommend it when it is not necessary. Government and industry cost-containment experts have isolated unnecessary medical procedures and tests as a major contributor to the unusually high cost of U.S. health care. Experts estimate that between 20% and 33% of surgical procedures performed in the U.S. are unnecessary or inappropriate. (See sidebar: "What the experts say about the incidence of expensive and unnecessary surgery in the U.S.") Naturopathic physicians are more likely than conventional doctors to explain non-surgical options to patients. When nutritional or other alternatives are available, naturopathic physicians are more likely to know about them than are conventional MDs, most of whom have never had a single course in therapeutic nutrition or behavioral counseling.

What some experts say about the incidence of expensive and unnecessary surgery in the U.S.

Government and industry cost-containment experts have isolated unnecessary medical procedures and tests as a major contributor to the costs of health care in the U.S.

Dr. Marsha Angell of the *New England Journal of Medicine*, for instance, states: "Much of medical care in this country is unnecessary, is of no demonstrated value to those who receive it, and some of it is harmful."

How much is "much" depends on who you ask. Joseph Califano Jr, former Secretary of Health, Education, and Welfare, who is now in charge of Chrysler corporation health benefits programs, suggests that at least 25% of surgical procedures are unnecessary, including "...half the coronary bypasses, most Caesarean sections, and a significant number of other procedures."Studies done for the insurance industry by the Santa Monica California based Rand corporation suggest that roughly one-third of the nation's health care dollars are being spent on ineffective or unproductive care that does not contribute to a patient's diagnosis or recovery.

These figures fit with the economic data; reducing medical procedures and tests by one-third would put our costs in line with those of other developed countries.

4. Naturopathic medicine reduces the incidence of unnecessary medical tests. Although fully trained in modern laboratory and other diagnosis, naturopathic physicians order fewer such tests than their conventional medical counterparts. Experts have estimated that about half the laboratory or other diagnostic tests ordered by MDs in the U.S. are inappropriate, and do not contribute to the diagnosis or treatment of the patient. The main reason for such tests is "defensive medicine," where a conventional doctor orders the test to protect against a possible lawsuit. This psychology is not a factor with naturopathic physicians, who are rarely sued. (see sidebar: "Malpractice and the costs of defensive medicine.)

Malpractice & the costs of defensive medicine. Malpractice Facts

• Malpractice costs the U.S. $28 billion a year in premiums and the costs of defensive medicine. This adds up to about $400,000 per physician (MD) in indirect costs.

• About one MD in five is sued for malpractice each year.

• Malpractice suits against naturopathic physicians are extremely rare. Master Insurance Trust reports that in a four-year history insuring about 50 licensed naturopathic physicians, only four incidents were reported, and nothing was paid in judgments or settlements.

• The low incidence of lawsuits creates a climate in which naturopathic physicians do not have to practice expensive defensive medicine.

Sources:
1. Joseph Califano. "Billions Blown on Health."
2. *New York Times*. April 12, 1989
3. The American Medical Association
4. The AANP.

Annual Malpractice Insurance Rates

Md General Practitioner	$ 7,000
Obstetrics/Gynecology	$23,000
Pediatrics	$ 4,800
Surgery	$18,000
Naturopathic Physician	$ 2,000

Note: Costs can vary widely from region to region
Sources: The American Medical Association; the AANP

More For Your Money

Naturopathic physicians spend more time with their patients— time well spent to uncover the causes of illness, help modify lifestyle, and prevent expensive chronic disease.

Average Minutes Per Procedure

	Medical Doctor (Family Practice)	Naturopathic Physician
New Patient		
Intermediate	9	40
Comprehensive	39	80
Established Patient		
Limited	12	22
Intermediate	18	33
Extensive	25	47

Sources:
Journal of the American Medical Association (260:16.2411)
Insurance Committee: Washington Association of Naturopathic Physicians.

5. Naturopathic physicians do not have to pass on high malpractice insurance charges to their patients. (see sidebar: "Malpractice Rates for Various Physicians.")

6. Naturopathic medicine does not lead to a high rate of iatrogenic (doctor-induced) disease. The costs of iatrogenic disease are significant. As many as a third of those admitted to the hospital will have an iatrogenic disease while there, resulting in a longer stay. About 2% of drug prescriptions result in adverse drug reaction requiring hospitalization. These reactions account for from 4-10% of all hospital admissions. One source suggests that adverse drug reactions alone add $5 billion annually to health costs in the U.S. Assuming that iatrogenic disease rates are directly proportional to malpractice rates, it is safe to say that naturopathic methods result in a low incidence of expensive iatrogenic disease.

7. Naturopathic medicine reduces the incidence of related and secondary illnesses by removing the cause of a disease. A child with otitis media, for instance, may have the ear problem treated symptomatically with antibiotics, but continue to get respiratory and other infections. Removing an offending food, or otherwise strengthening lowered resistance, can resolve the otitis media as well as the recurrent infections. Or an adult suffering from hypertension due to a sedentary lifestyle and poor diet may also have chronic constipation, hemorrhoids, and insomnia, all of which would be treated separately, with separate charges, by conventional medicine. But naturopathic treatments for hypertension methods can at the same time improve all the other effects of the sedentary lifestyle, for the charge of a single treatment.

8. When treating acute illness, naturopathic physicians also reduce the incidence and cost of long term chronic illness. Some naturopathic methods of treating acute disease are themselves preventive for long term disease. Strengthening of general resistance through diet and lifestyle modifications, counseling, and other naturopathic therapies can resolve an immediate problem while at the same time preventing future problems from arising.

9. Naturopathic physicians reduce the incidence of expensive chronic disease by treating general poor health even before a specific disease develops. One study shows that more than half of patients visiting an MD do not receive a diagnosis, yet feel sick. Without a diagnosis, the MD cannot give treatments, until the patient's health declines further and some diagnosable disease develops. Many unnecessary tests are performed on such patients, contributing nothing to their health. Naturopathic physicians, on the other hand, can prescribe general health building treatments and lifestyle modifications for such patients, reducing the incidence and costs of future chronic disease.

10. Naturopathic medicine is by nature time-intensive rather than procedure-intensive. The medical reimbursement structure in the U.S. pays the most for procedures and the least for patient interview,, examination, history-taking, counseling, and education. Naturopathic physicians spend from two to five times more time with a patient than does an MD, time spent in examination and counseling that can reduce long term illness and get at the real cause of disease. (see above sidebar: "More for your Money.") ◆

Is Naturopathic Medicine Scientific?

by Paul Bergner

Critics of naturopathic medicine often contend that it is not scientific, is untested and unproven, is ideologically opposed to science, and is therefore not reliable. Where expert and objective bodies of scientists, educators, or regulators have examined this question, however, they have concluded that naturopathic medicine, as practiced by the licensable professionals in the U.S., in fact has a scientific basis, albeit different from that of orthodox medicine.

In 1977, the government of the Netherlands appointed a committee of scientists and physicians to study the question of regulation of alternative medicine, including naturopathic medicine. After four years of evaluating the scientific basis of the alternative disciplines, the committee concluded:

"The commission believes that the division between alternative and orthodox medicine is not of a scientific nature, but owes its origin and its continued existence to both politico-social and scientific factors."

The report continues: "Alternative medicine (specifically including naturopathic medicine and homeopathy) is such an important factor in health care in the Netherlands, both from a qualitative and quantitative point of view, that government policy cannot disregard it." The commission recommended that information on alternative therapies be taught in conventional medical schools, that the government support alternative teaching institutions financially and fund research into alternative therapies, and that insurance reimbursement be mandatory for naturopathic and homeopathic medicine. The commission also drew a clear distinction between the practice of alternative systems of medicine and charlatanry.

In studying the scientific basis of naturopathic medical education, the Oregon Office of Educational Policy and Planning (OEPP), which is responsible for regulating academic degrees in Oregon, tested the quality of the board examinations in that state. In a letter to the National Council Against Health Fraud, OEPP Administrator David Young describes the evaluation thus:

> *...we had 17 sections of the state (naturopathic medical board) examinations subjected to a blind review by 17 specialists: senior clinical and basic science faculty at a conventional school of medicine. Their evaluations showed that it would not be possible for an individual to pass all of the tests—which is necessary for licensure—without having a comprehensive foundation in the biological and biomedical sciences...In other words...[a naturopathic medical college] has no choice but to prepare NDs with a biological and biomedical education of the same breadth and depth that prepares an MD to be a primary care physician. Naturopathic medicine, under state regulation in Oregon, diverges from other forms of primary medical care at that point where professionals in common possession of scientific facts conscientiously disagree on how best to use their shared knowledge in treating patients.*

The regional accrediting body in the Pacific Northwest reached a similar conclusion after evaluating the naturopathic program at Bastyr College in Seattle in 1987. Their evaluation committee report of May 13-14, 1987 states: "Bastyr College's philosophic adherence to building its curriculum on a solid foundation of science and scientific understanding is commendable and lends additional credibility not only to the institution but also the profession."

Researchers who have reviewed the scientific basis of naturopathic medicine have had no problem in finding peer reviewed journal articles that support naturopathic methods. One text which surveyed the scientific basis for about 100 naturopathic procedures and treatments found more than 4,000 scientific references to support those methods.

A study done at the University of Minnesota Medical School, and funded in part by the Minnesota Medical Foundation, did a brief survey of the scientific background to naturopathic medicine in the U.S. and produced more than 148 scientific references supporting naturopathic practice. The report stated that, although definitive clinical trials were generally lacking for naturopathic methods, suggestive scientific studies and scientific rationales were available for many naturopathic practices. The report suggested further study and concluded that the naturopathic approach has value for certain types of patients.

In each of the three main areas of medicine — diagnosis, prevention, and treatment — naturopathic medicine has a scientific foundation.

Naturopathic physicians use the same methods of clinical, physical and laboratory diagnosis as conventional general practitioners, as shown by the Oregon board examinations mentioned above. These may be supplemented by less quantifiable naturopathic methods, which attempt to assess such nebulous but highly important areas such as the patient's vitality, the underlying susceptibility to disease, or subclinical weaknesses in systems. In the area of prevention, naturopathic physicians utilize the same body of knowledge as an MD in judging the course a disease may be expected to take. They are trained to give immunizations when allowed by law. Like any general practitioner, they are trained to make referrals to MD specialists or other health care professionals when appropriate. Most important, naturopathic physicians are highly trained in clinical nutrition and lifestyle modification for the prevention of disease. In these areas, which are thoroughly supported by science, naturopathic physicians are better trained than MD general practitioners (the majority of whom have not taken a single course in nutrition), family practice specialists, or registered dietitians. Naturopathic physicians are the only primary care medical professionals in the U.S. meeting the recommendations of the Surgeon General for education in nutrition and dietary counseling.

Certain naturopathic treatment methods are well supported by conventional science. The most important of these is clinical nutrition. The 1988 Surgeon General's report on nutrition and health specifically called for improved education of health care

"Naturopathic physicians are the only primary care medical professionals in the U.S. meeting the recommendations of the Surgeon General for education in nutrition and dietary counseling."

professionals in therapeutic nutrition. Such treatments are supported by a large body of scientific knowledge, reflected in a number of scientific journals devoted specifically to that subject. Other naturopathic therapeutic methods, such as exercise therapy, physiotherapy, and manipulation for musculoskeletal problems are also well supported by science.

Although some parts of naturopathic medicine are the subject of scientific controversy and investigation, those therapeutic practices which have been retained in the evolution of naturopathic medicine in the U.S. in this century have some scientific basis. Homeopathy, for instance, has at least twenty controlled studies, including several double-blind, placebo-controlled clinical trials, showing the effectiveness of microdoses of substances. Oriental medicine also has extensive descriptive and uncontrolled trials which suggest effectiveness. Most such practices are in fact accepted in other countries, such as Germany, France, and England, and are practiced there by conventional scientifically-trained MDs.

Note that many conventional medical procedures routinely administered throughout the U.S. likewise lack definitive proof of clinical effectiveness. Some have actually been proven to be unsafe or to lack effect, but remain in use. The coronary bypass operation, for instance, has been scientifically proven to be neither safe nor efficacious for about half the people it is performed on, but the inappropriate use continues unabated. The Congressional Office of Technology Assessment cites research showing that only 10-20% of medical procedures (as opposed to drugs) have been proven safe and efficacious by controlled studies. There is in fact no requirement that any surgical procedure be proven safe or efficacious before it is performed in the U.S.

Naturopathic methods will benefit from more formal study for many of the same reasons that the 80-90 percent of conventional procedures that have not been formally studied would benefit. Unfortunatley, only a small percentage of medical methods can be evaluated in a double-blind method. The value of bedrest, the effects of chemotherapy, splinting methods for broken bones, the surgical removal on an organ, or methods of suggestive or mental healing cannot be evaluated with the double-blind method. Medical traditions and bodies of clinical knowledge accumulated over centuries may not require extensive testing. In many cases the tools of one scientific paradigm are inappropriate to measure the outcomes of another. The scientific tools of analytical biochemistry are inappropriate to measure the outcomes of Jungian analysis; experimental clinical trials are inappropriate for the science of ecology. Naturopathic healing sciences contain, in addition to some material overlapping with conventional medicine, elements resembling those of ecology and Jungian psychology which require a different kind of tool to measure outcomes.

Political, sociological and economic reasons also effect the level of research done into naturopathic methods. Priorities for research, whether private, corporate, or public, are usually determined by members of the conventional medical profession who are unfamiliar with and uninterested in naturopathic methods. Corporations are unlikely to fund research because naturopathic methods are generally not patentable, and offer no chance to recoup research and development costs. Furthermore, most of the standards of modern medical science have grown up around the need to evaluate NEW methods, and those with a high inherent potential to do harm. Proving the safety and efficacy of an entirely new drug or procedure takes a much higher priority in the scientific community than evaluating well-established traditional methods without the potential for life-threatening side effects. Only relatively recently, with rising incidence of chronic degenerative disease and spiraling medical costs, have university and government researchers begun to assess traditional naturopathic methods such as diet and lifestyle modification. Where such research exists, the clear trend is to confirm the validity of naturopathic practice.

Above all, naturopathic medicine is not "anti-science" as some critics would claim. The modern profession contains in microcosm most of the elements of the scientific medical establishment. Controlled studies are done at the naturopathic colleges; students are taught how to read and interpret the peer reviewed scientific literature; scientific materials are taught in the curriculum; some naturopathic physicians devote themselves primarily to research; board examinations focus on scientific issues of protecting the public from harm; most doctors are subjected to peer review; and a scientific journal has been developed. These activities are not done on the scale of the research into conventional medicine, mainly because of the relative small size of the naturopathic profession, and problems of funding. The naturopathic involvement with science differs from that of conventional medicine in scale and emphasis, not in ideological opposition to science itself. ◆

References available on request.
Bergner Communications
PO 33080 Portland, OR 97233

Exhibit # 6
1-18-91 SB 66

Naturopathic Medical Education

Nutrition and Lifestyle Modification

"Diseases of dietary excess and imbalance ... now rank among the leading causes of illness and death in the U.S., and generate substantial health care costs." U.S. Surgeon General's Report (1988)

"Improved nutrition training of physicians and other health professionals is needed. Training should emphasize basic principles of nutrition, the role of diet in health promotion and disease prevention, nutrition assessment methodologies and their interpretation, therapeutic aspects of dietary intervention, (and) behavioral aspects of dietary counseling..." U.S. Surgeon General's Report (1988)

Such training, in both classroom and clinical settings, has been part of the core curriculum of naturopathic physicians since the profession was organized in the United States in 1902. Naturopathic physicians are the only licensed primary health care providers with extensive training in therapeutic diets and preventive nutrition.

Coursework Recommended by U.S. Surgeon General	**Naturopathic Physician**	**Registered Dietician**	**Medical Doctor**
Biochemistry and physiology	345	120	398
Basic nutrition, nutrition assessment and interpretation	72	108	21
Diet and disease; Therapeutic diets	128	72	0[1]
Counseling	150	36	0[2]
Internship	1300[3]	900[4]	0[5]
National/State Exams	yes	yes	no[6]
TOTALS	**1995**	**1236**	**419**

NOTES:

1. Not taught in most schools.
2. MD's receive about 96 hours of psychiatric clerkship, not likely to include behaviorally-oriented counseling.
3. Consists of dietary evaluation or treatment of most patients.
4. May be performed in food management rather than clinical nutrition
5. Medical internship does not normally include training in diet and disease.
6. Less than 4% of tests are in nutritional areas, mostly in biochemistry, physiology, and pediatrics.

SOURCES:

The *Surgeon General's Report on Nutrition and Health.* 1988.

The 1987 curricula of Bastyr College, Seattle, and National College of Naturopathic Medicine, Portland, Oregon.

The American Dietetic Association.

The 1988 catalogue of Oregon State University, Corvallis.

Nutrition Education in U.S. Medical Schools. National Academy Press. 1985.

The 1987 *Curriculum Directory* of the Association of American Medical Colleges. Medical school hours are averages for Johns Hopkins, Mayo, Yale, and Stanford medical schools.

Naturopathic Physicians, Registered Dieticians, and Medical Doctors may take nutrition electives above and beyond this core curriculum.

For more information or referrals:

American Association of Naturopathic Physicians
P.O. Box 20386
Seattle, WA 98102
(206) 323-7610

Naturopathic and Major Medical Schools

Comparative Curricula

	National College of Naturopathic Medicine	Bastyr College (Naturopathic)	Johns Hopkins	Mayo	Yale	Stanford
Basic and Clinical Sciences including: Anatomy, Cell Biology, Physiology, Pathology, Neurosciences Clinical/ Physical Diagnosis, Histology, Genetics, Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Biostatistics, Epidemiology, Public Health, History, Philosophy, Ethics, Research and other coursework.	**2070**	**1891**	1794	1640	1457	1401
Clerkships* and Allopathic Therapeutics including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery**, Opthamology, and clinical electives.	**1974**	**1959**	3260	3080	2040 (+ thesis)	3840
Naturopathic Therapeutics including Botanical Medicine, Homeopathy, Oriental Medicine, Hydrotherapy, Naturopathic Manipulative Therapy.	**492**	**335**	0	0	0	0
Therapeutic Nutrition	**144**	**138**	17	elective	elective	elective
Counseling	**144**	**158**	0	0	0	0
			(included under psychiatry above)			
TOTALS	**4824**	**4481**	5071	4720	3497 (+ thesis)	5241

*Clerkships are estimated to be 40 hours per week of mixed lecture and clinical training.
**Naturopathic physicians study minor surgery only.

Sources: 1988 *Curriculum Directory* of the Association of American Medical Colleges; 1988 catalogues of National College of Naturopathic Medicine and Bastyr College

For Information or Referrals:
American Association of Naturopathic Physicians
P.O. Box 20386
Seattle, WA 98102
(206) 323-7610

Exhibit #6
1-18-91 SB 66

FACTORS CONTRIBUTING TO PREMATURE DEATH (%)

CAUSE	HEALTH SYSTEM	LIFE STYLE	ENVIRONMENT	BIOLOGY
HEART DISEASE	12	54	9	28
CANCER	10	37	24	29
CEREBROVASCULAR DISEASE	7	50	22	21
ALL OTHER ACCIDENTS	14	51	31	4
INFLUENZA AND PNEUMONIA	19	23	20	39
MOTOR VEHICLE ACCIDENTS	12	69	19	0.6
DIABETES	6	26	0	68
CIRRHOSIS OF LIVER	3	70	9	18
ARTERIOSCLEROSIS	19	49	9	26
SUICIDE	3	60	35	2
AVERAGE	10.9	48.5	19.3	26.3

SOURCE: CENTERS FOR DISEASE CONTROL, PUBLIC HEALTH SERVICE: TEN LEADING CAUSES OF DEATH IN THE UNITED STATES, 1975.

1-18-91
SB 66

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18th day of January, 1991.

Name: DARLENE J. GOCAS L.S.W.

Address: 286 MOOSE HOLLOW
VICTOR, MT 59875

Telephone Number: 961-4164

Representing whom?

SELF

Appearing on which proposal?

SB 66

Do you: Support? ✓ Amend?____ Oppose?____

Comments:

See attached

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

did not testify answered ?'s. Exhibit 6b 1-18-91 SB 66

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of Jan, 1991.

Name: Nancy Dunne ND

Address: 2107 Park St
Missoula MT

Telephone Number: 728-8544

Representing whom?
MANP

Appearing on which proposal?
SB66

Do you: Support? X Amend?____ Oppose?____

Comments:

I can testify to questions specifically concerning ND's and the specialty of Naturopathic OB (obstetrics)

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit 7

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of January, 1991.

Name: LORETTE MESKE

Address: 1 Medical Park Drive

Helena MT

Telephone Number: 406 442 6977

Representing whom?

Lewis & Clark Medical Society

Appearing on which proposal?

SB 66

Do you: Support?____ Amend?____ Oppose? X

Comments:

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

LORETTE I. MESKE, M.D.
INTERNAL MEDICINE
1 MEDICAL PARK DRIVE
HELENA MONTANA 59601

406-442-6977

SENATE HEALTH & WELFARE
EXHIBIT NO. 7
DATE 1-18-91
BILL NO. SB 66.

January 17, 1991

Legislative Committee Testimony
Response to Application for Licensure
by the MT Association of Naturopathic
Physicians

The intent of this testimony is to provide an opposing statement regarding the application for licensure by the Montana Association of Naturopaths. I am testifying on behalf of, and as President of the Lewis & Clark County Medical Society.

There are several points in this bill which I would like to address. The first is the claim that Naturopathic practice is harmless, and thus should be licensed with minimal restrictions. Even in the established medical field there is no such thing as a treatment without the potential for side effects. The notion that the government should license the practice of a particular field just because someone claims it is harmless is absurd. One first should be able to state that the particular practice being licensed is a useful and necessary service, and also that it does what it claims to do. I think that there are many instances in which the practice of naturopathy can be shown to have the potential for harm. For example, naturopaths are currently using many herbal and natural medications that do in fact have potential side effects, some serious, such as high dose vitamin supplements, glandular extracts such as thyroid hormone, and potassium supplements. Furthermore many of these treatments have no proven benefits. The bill before you also requests licensure for the use of routine immunizations, local anesthetics, natural antibiotics, nutrition counselling, as well as electrocardiography, x-rays, diagnostic ultrasound procedures, and "other non-invasive diagnostic procedures". While these things are in many cases relatively harmless, they do have serious potential risks. Even if the risk of a serious side effect is uncommon, I think that there needs to be proof of adequate training in the choice of treatment, the interpretation of diagnostic tests, and the proper management of complications. While both naturopathic schools and medical schools offer a four year training program with what superficially appears to be a similar course structure, I think that the content of the courses taken needs to be examined in the former case. I also think that this comparison ignores the numerous hours spent by medical students in actual clinical training in teaching hospitals, as well as the well-known long hours spent in residency training for a minimum of three years and up to seven or eight years following the four-year medical school program.

The second issue I would like to discuss is whether in fact naturopathic treatments are of benefit. The foundation of medical practice is that we must show with a reasonable degree of certainty that how we treat patients is effective. Certainly many of the things that we do fall in the category of the "art" of medicine, and there are admittedly some things in conventional medical practice that are without merit. However, the continual scientific scrutiny of the things we do to patients obliges us to reevaluate our practices and to conform to effective practice standards. Organized medicine has a well-established peer review process to ensure that this takes place in the majority of cases. No such structure exists within the naturopathic community, to my knowledge. In addition, most of what we do to patients is a result of meticulous research done in a scientific setting by hordes of clinical researchers. There is no comparable research or investigative foundation behind naturopathic practice. Much of the practice of naturopathy is based on anecdotal observations, or case-by-case reporting, and this is simply not a valid way to practice medicine. There is a very well-documented placebo response to many of the things that we do to patients, including just talking to them. Many patients will improve whether or not they are given therapeutic agents. This makes it imperative that we conscientiously document in a research setting what is effective and what is wishful thinking. While there is much to be said for a more humanistic approach to the practice of medicine, I think we are obligated to give our patients an honest deal as well as compassion. Some of naturopathy certainly may prove to be legitimate, but I think the proof should come before the licensing, rather than the other way around.

A third, and most important point is that so-called harmless but potentially inappropriate treatment by an inadequately trained person may delay the diagnosis of serious diseases and the institution of legitimate treatment.

One criticism of the medical profession is that we oppose naturopathic licensure for financial or so-called "turf" reasons. I would like to assure you that this is not the case. There are over 1200 licensed physicians in Montana, and only approximately 12 naturopaths would be eligible for licensure if this bill is passed. This scarcely would have an impact on the medical profession in any financial sense. I believe that the impetus for the opposition to naturopathic licensure is based on a concern for the welfare and well-being of the citizens of Montana.

Exhibit # 7
1-18-91 SB 66

The general public, while becoming more knowledgeable regarding medical care, still relies on government agencies to regulate medical practice. The Montana seal of approval, in the form of licensure, assures the public that what they are paying for actually works and won't hurt them, to whatever degree that is reasonably possible. I honestly don't think that this has been adequately demonstrated by the naturopaths, and speaking on behalf of the Lewis & Clark County Medical Society, I would ask you not to pass this bill.

Lorette I. Meske, M.D.
President, Lewis & Clark County Medical Society

Exhibit 7a
1-18-91
SB 66

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 1 day of 18, 1991.

Name: Sharon Klezyn

Address: 3604 5th Ave So

Telephone Number: 453-1525

Representing whom?

Mt. Nurses Assoc.

Appearing on which proposal?

SB 66

Do you: Support?____ Amend?____ Oppose?✓

Comments:

See minutes

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit 8

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of January, 1991.

Name: Cindy Lewis

Address: 816 Flowerree

Helena, MT 59601

Telephone Number: (406) 444-2116

Representing whom?

Montana Dietetic Assoc.

Appearing on which proposal?

Senate Bill 66

Do you: Support?____ Amend?____ Oppose? X

Comments:

Prepared statement left w/ committee

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 8
DATE 01-18-91
BILL NO. SB66

MONTANA DIETETIC ASSOCIATION
P.O. Box 1197
Helena, Montana 59624

Montana Dietetic Association

Testimony in Opposition to Senate Bill 66 - January 18, 1991

Madam Chair, members of the committee, my name is Cindy Lewis. I am a licensed nutritionist employed by St. Peter's Community Hospital in Helena. I represent the Montana Dietetic Association and speak on behalf of its 200 members in the State of Montana.

The position of the Montana Dietetic Association continues to be that naturopathic physicians do not have the academic training nor the clinical experience to provide "nutrition counseling and dietary therapy" as proposed in Section 4.(2)(b) of Senate Bill 66.

State law (37-25-101,MCA) provides that "nutritional assessment: and counseling affects the public healthy, safety, and welfare". The Montana Dietetic Association believes that nutrition is vital to public health and that inappropriate counseling can often create a greater hazard than no counseling at all. To provide counseling to those with acute nutritional or medical needs can be counter to recognized medical treatment and may deter the patient from seeking proper nutritional counseling or medical treatment.

Dietitians across the nation are concerned about the health risks of "food fads", nutritional misinformation, and extreme and inappropriate nutrition advise given by untrained people. The majority of the public recognize the dangers of diets and fads, particularly for children. The public depends on the credentials and approvals provided by public agencies to guide them in their dietary choices. This committee and the Legislature must be extremely cautious in extending the public seal of approval to people and practices that are not based on medical and scientific research.

Perhaps more importantly for this committee, however, is the fact that there has been no demonstrated need for their licensure in the State of Montana. This bill does not fulfill the stated purposes of licensing the this state, e.g.

- There is **no** proof that the unregulated practice of naturopathy directly and immediately endangers the public health, safety and welfare.
- There is **no** proof that the public is not protected by other means.
- There is **no** proof that a majority of the public lacks the knowledge or experience to evaluate whether the practitioner is competent.

The proponents profess to want to prevent harm to the public, yet have never shown interest in working with other health care professionals to educate the public or rid the state of health care quacks or charlatans. The bill would therefore appear to be totally self-serving.

We are finally, concerned about health care costs. Licensure will give the states blessing to a method of health care which we feel has no scientific basis and not only may be ineffective, but potentially harmful. In so doing it opens the door for demands on already strained health care budgets. Some insurers have already been pressured into providing

In conclusion, Madam Chair, the Montana Dietetic Association and its 200 members throughout the State are opposed to legitimizing of a group of health care practitioners not adequately trained in present nutritional practices to assess, evaluate, and counsel on nutritional needs for the people of Montana.

We are opposed to legitimizing and licensing a group of less than 20 individuals who have **not** met the burden of proving that regulation is necessary under the criteria stated in the Sunrise Act passed by the Montana legislature in 1987.

Thank you Madam Chair and members of the Committee. I would be happy to answer any questions you may have later.

Exhibit # 9.10
1-18-91 SB 66

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of January, 1991.

Name: Brian D. McGuire, M.D.

Address: 1400 Poly Dr. #4

Billings, MT.

Telephone Number: 252-8124

Representing whom?

Montana Medical Association

Appearing on which proposal?

Sen. B. 66

Do you: Support?____ Amend?____ Oppose? X

Comments:

The bill provides certain a specified scope of practice for which the curriculum does not prepare them such as cardiology, prescribing antibiotics, diathermy is a modality which can cure cancer and has numerous contraindications.

The statement could be interpreted as often certain numbers we use are specified in everyday health problems that are not immediately life threatening and in the treatment of chronic disease"

When treating medical conditions using diagnostic and therapeutic methods widely used by doctors of medicine, they are practiced should be held to the same standard as other physicians. To be in any way a naturopath must meet that standard.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 9
DATE 1-18-91
BILL NO. SB 66

Montana Association of Naturopathic Physicians

Michael Bergkamp, N.D.
President
516 Fuller Avenue
Helena, MT 59601
442-2091, office
449-6930 , home

Nancy Aagenes, N.D.
Chair, Legislative Affairs Comm.
1820 Harrison Avenue
Butte, MT 59701
723-6609, office
442-8308, home

Judith Carlson
Lobbyist
408 Washington Drive
Helena, MT 59601
442-7462

July 7, 1990

The Honorable John Cobb, Chairman
Legislative Audit Committee
Capitol Station
Helena, MT 59601

Dear Representative Cobb,

Enclosed is the application for licensing review of naturopathic physicians. In preparation of this application we tried to err on the side of brevity. While the application covers basic information needed by the committee, we are often asked questions not covered by the nature of a generic application. Therefore, I have taken the liberty of answering questions legislators ask us repeatedly.

1. Are you real doctors? Can you sincerely claim to do what a medical doctor does?

Yes, I am a real doctor. But I am not a "medical doctor". Somewhere along the line Americans got the idea that there was only one kind of doctor, only one kind of medicine. To my knowledge, there is no other country in the world with such a narrow and singular view of medicine. I do not claim to do what a medical doctor does. My medicine is different. Both involve primary care, diagnosis and treatment. I am carefully trained to know the limits of my education. I am taught daily for years, the "red flags"— the things we are alerted to recognize and refer to M.D.s because conventional medicine is the best treatment for some conditions. Often these are traumas, or acute exacerbations of existing problems. We are more specialized in everyday health problems that are not immediately life threatening, and in the treatment of chronic disease.

A medical doctor and I may disagree about where to draw those lines. The scope of their practice has no boundaries under their licensing law. There is nothing which limits their

practice legally. We are not asking for that kind of latitude. For any practitioner we find that approach to be unrealistically broad. Appropriately, our proposal limits us to our education and bars us from practices such as prescribing drugs or doing major surgery.

We seek this license because we want recognition of a legal atmosphere in which we can practice our medicine without fear of reprisal. Our patients deserve this protection as well.

This question implies the primary obstacle to our licensure. While other professional groups may oppose us, the bulk of opposition reflects a few medical doctors who influence others to follow their lead. These groups are educated to submit to that leadership. We are not. In other states when that opposition fell away, the political roadblock to naturopathic licensure was removed.

I append here a memo from the Washington State Medical Society to the legislature of that state written when Washington's naturopathic practice act came up for sunset review in 1987. (Appendix A.) The renewed law in Washington state passed the House with two dissenting votes and the Senate with only one. This agreement was possible after thoughtful professional dialogue between the two state associations (medical and naturopathic) in Washington. Again we offer to sit down with medical doctors in Montana and work with them on any specific objections they have to this bill. (We are sending this letter to the Montana Medical Association and to the State Board of Medical Examiners. If your personal physician, or doctors in your district have questions or want more information we welcome the communication.)

2. Are you going to want third party payments? Are you going to cost us money?

This bill is about licensure, not about insurance. Licensure is a seperate and important matter. And yes, we will eventually want to be reimbursed fairly by insurance companies. But we will not cost you money; we will save you money. It is well documented that the naturopathic physician's emphasis on health promotion and primary care medicine, rather than surgery and specialization, is the most effective long term method of managing excessive and unnecessary spending on medical care regardless of the provider. [1,2,3,4,5,6]

Naturopathic medicine is cost effective. In one study commissioned through the Hawaii State Legislative Auditor, twenty-four insurance underwriters were reviewed and either no costs or up to $.03 per month were added to the premium on non-group plans. They add nothing to the cost for group coverage. [7] The Hawaii report went on to state that some insurance carriers feel plans that include naturopathic services will save money. [8] Presently Lewis and Clark and Missoula counties include naturopathic medical coverage in their group plans. While there is copious additional data about this savings, it is not appropriately included here because this is a licensure and not an insurance bill.

3. Is this a turf battle? Are you trying to keep others out?

Historically it is true that licensure is protective to the group it is designed to regulate. That is part of the reason we seek it. But we do not ask that you limit anyone else in the practice of

his/her profession whether or not he/she holds any license at all. All we ask is that certain terms (naturopathic medicine and naturopathic physician) be defined exclusively and that no one be allowed to use these terms without meeting standards. We believe this legislation is protective to the public. We acknowledge that it would also protect the tremendous investment we have in our education and our practices.

4. Do you have the stamina for the legislative licensure battles?

This is our fourth time before you seeking lecensure. We will continue to come back for as long as it takes.

We very much appreciate your attention and questions. We are eager for your scrutiny.

Sincerely,

Nancy Aagenes

Dr. Nancy Aagenes
Legislative Chair
Montana Association of Naturopathic Physicians

Footnotes

1. Robbins, Anthony, "How to Control U.S. Health Costs" Scientific American, December 1989.

2. National Academy of Sciences, Committee on Diet and Health, Diet and Health National Academy Press, 1989.

3. U.S. Surgeon General, Report on Nutrition and Health, 1988.

4. Califano, Joseph, "Billions Blown on Health", New York Times April 14, 1989.

5. Report of the National Leadership Commission on Health Care, For the Health of a Nation—A Shared Responsibility, Administration Press Perspectives.

6. Brooke, Robert. The Rand Corporation. Santa Monica CA 90406.

7. The Hawaii State Auditor, "Study of Proposed Mandatory Health Insurance for Naturopathic Care." Legislative Auditor, State of Hawaii, December 1989, page 12.

8. ibid.

SENATE HEALTH & WELFARE
EXHIBIT NO. 12
DATE 1-15-91
BILL NO. SB 66

Application to Legislative Audit Committee on behalf of The Montana Association of Naturopathic Physicians

1. How will the unregulated practice of the occupation or profession create a direct, immediate hazard to the public health, safety, or welfare?

Naturopathic physicians are trained as general practice primary care physicians. ND's training in the basic and clinical sciences is equal to that of major medical schools in the U.S. (Appendix B.)

Naturopathic medicine has aspects of the practice of medicine as defined in MCA 37-3-102, though it is philosophically and therapeutically distinct from conventional medicine and thus unregulated by that statute. Inappropriate practice could obviously cause immediate hazard to the public health, safety or welfare.

Naturopathic medicine is now unregulated by Montana. There are no enforced educational or practice standards. Presently anyone can claim to be a naturopathic physician. Examples can be provided to the committee of individuals who are not graduates of naturopathic medical colleges, but who have claimed to practice naturopathic medicine. Reports are made to us from all parts of Montana. The public has no protection from such unqualified individuals misrepresenting themselves as naturopathic physicians.

Lack of licensing presently inhibits full cooperation between naturopathic medicine and other health care systems. It restricts naturopathic physicians' ability to consult with other health professionals and to make use of community diagnostic and treatment services. This affects the quality of care we can provide our patients.

Finally, if the practice of naturopathy is recognized then safe, cost effective treatments that work will be available to more people. Helping people find their healing is the sincere goal of the Montana Association of Naturopathic Physicians.

2. How will licensing protect the public beyond means presently available?

Licensure will provide a simple way for the public to identify qualified naturopathic physicians. No means currently exist. Only individuals who have graduated from an approved naturopathic medical college and have passed a licensure exam will be qualified for licensure.

3. How will licensing improve the quality of service of your occupation or profession and to what degree will it be improved?

The quality of service of naturopathic medicine will be improved by greater access to naturopathic physicians. We will have greater access to community diagnostic and treatment services, such as laboratory work and diagnostic x-rays.

The scope of practice of naturopathic medicine will be defined, allowing other health professionals to recognize and cooperate with our services in the best interest of all patients. This improved quality of service is evident by the experience of states now licensing naturopathic physicians.

Requiring continuing education insures that qualified ND's stay qualified.

4. How will the public benefit from the proposed regulation of the occupation or profession?

- Naturopathic medicine as part of the Montana health care system will offer safe cost effective therapies that work, and do so without harmful side effects.
- The public will be protected from unqualified individuals misrepresenting themselves as naturopathic physicians.
- The naturopathic profession's quality of care will improve.
- More naturopathic physicians will be encouraged to practice in Montana, increasing the availability of these services.
- Interprofessional cooperation will be facilitated for the public benefit.
- The public's freedom of choice in health care alternatives will be strengthened and expanded.
- The naturopathic profession's use of patient lifestyle education, prevention emphasis, and natural therapies promotes public health. Naturopathic medicine cooperates with nature's healing principles and does no harm. Defining and regulating this safe, educated, cost effective traditional system of medicine can only benefit the public.

5. What public support has been shown for the proposed licensure?

Patients of naturopathic physicians enthusiastically support licensure. At the hearing on this licensure bill in 1989, many unsolicited people came to testify in favor. Not one member of the public, solicited or not, opposed this bill. The only opposition was from organized special interest groups. People want naturopathic medicine licensed to insure its availability and to facilitate insurance reimbursement. Other health care professionals want a defined standard for naturopathic medicine.

6. To what degree (if any) will licensing facilitate clients' access to reimbursement for government assistance programs?

This bill does not affect reimbursement for government assistance programs.

7. What occupations or professionas are similar or closely related to the one proposed for licensure?

Aspects of the professions of medicine, osteopathy, chiropractic, physical therapy, and nutrition/dietetics share some modalities, though naturopathic medicine remains distinct. Naturopathic physicians are the only profession fully trained in medical science and medical diagnostics who use natural therapeutics, such as plant medicines and therapeutic nutrition.

8. How is the scope of practice readily identified and easily distinguished from the scope of practice of other professions and occupations?

The scope of practice is readily identified by the terms naturopathic medicine, naturopathic physician, naturopathic health care, naturopath, naturopathy, of N.D.. These terms would be restricted to use by naturopathic physicians. Naturopathic medicine's scope of practice is distinguished from other professions by the profession's philosophic principles and its emphasis on natural therapies. Naturopathic physicians treat many of the same conditions as other health professionals, but with approaches unique to naturopathic medicine such as homeopathic and botanical medicines.

9. What effects (if any) will licensing have on the scope of practice of other professions and occupation (whether regulated or not)?

Naturopathic licensure will neither affect nor restrict the scope of practice of any other licensed profession. Even individuals in unregulated professions will not be prohibited from practice. Naturopathic licensure will simply restrict the use of the terms naturopathic medicine, naturopathic physician, naturopath, and N.D., and also define qualifications for licensure.

10. How many existing practitioners are there in Montana and approximately how many people would be licensed in each of the next five years?

There are a minimum of twelve practitioners qualified for licensure in Montana. Approximately two to four additional new licenses will be issued in each of the next five years.

11. To what degree (if any) will licensing exclude existing practitioners or otherwise reduce the number of practitioners in Montana?

To the best of our knowledge, there are at least seven individuals advertising as naturopathic practitioners who would not qualify for licensure. These individuals may continue to practice health care as long as they do not use the restricted terms such as naturopathic physician or naturopathic medicine.

12. How much will licensing increase the cost of services to the public?

Licensing will not increase cost. Licensing and administration costs will be paid by individual practitioners whose increase in practice size will compensate for licensing fees without an increase in service fees. When third party reimbursement is addressed, cost to insurersis expected to decrease (See cover letter.)

13. How many Montanans are likely to use the services of your occupation or profession?

The Montana Association currently estimates a minimum of 10,000 Montanans choose naturopathic services at least once per year. This number is expected to increase yearly as more naturopathic physicians are licensed. Experience shows the size of each practice grows approximately 10% annually.

14. What percent of the public presently have the knowledge or experience to evaluate a practioner's competence?

The percent of the public capable of evaluating a practitioner's experience is difficult to estimate. Most people have the sense to know whether a treatment is reasonable and effective. Few people will take the time to investigate any practitioner's education or credentials. People do ask about our licensure. They expect the state to define minimum education and testing standards.

15. Briefly describe the proposed qualifications for licensure in the areas of education, experience, written and oral examinations, professional and other references, and reciprocity licensing.

(a) Graduation from an approved naturopathic medical college accredited by or with a curriculum equivalent to the accreditation standards of the Council on Naturopathic Medical Education (CNME) which is for accrediting naturopathic medical programs.

(The CNME standards require a minimum of a four year postgraduate medical school education. Admission requirements are comparable to those of conventional medical schools.)

question 15 continued:

(b) Experience requirements based on CNME standards for clinical clerkships and two years of supervised practice in naturopathic clinics.

(c) Naturopathics Physicians Licensing Examination (NPLEX) is utilized by all other naturopathic licensing boards. This legislation recommends NPLEX which is a series of 14 exams in medical and clinical science. The board will require professional and personal references to insure sound moral character. The legislation proposes that Montana endorse other states' naturopathic licensure if that state's licensing standards are equivalent.

16. Describe any proposed requirements for continuing education. Please indicate how these requirements will be monitored and how such continuing education requirements can be met by licensees.

The legislation requires annual continuing education for licensure renewal. The board will approve continuing education programs now widely available from naturopathic medical colleges, professional associations and professional seminars. Like other professional boards, the board will review approved continuing education credits before renewing licenses.

17. What specialized skill or training is required for the practice of the occupation or profession?

Naturopathic physicians are primary care physicians doing diagnosis and treatment of individuals. Medical school training is essential. See attached curriculum. (Appendix C.)

18. What nationally recognized standards of education and training are there?

The U.S. Department of Education recognizes the Council on Naturopathic Medical Education (CNME) as the national agency for accreditation of naturopathic medical curriculum. The CNME requires four years of graduate level study in medical sciences and naturopathic therapeutics.

19. How do you justify the proposed qualifications for obtaining a license?

The proposed qualifications are comparable to other states' naturopathic licensing qualifications and are necessary to ensure minimum standards by naturopathic physicians providing primary health care. The requirements are similar to those for licensure to practice medicine.

20. What does the occupational or professional group have in the area of an established code of ethics, a voluntary certification program, or other measures to ensure a minimum quality of service?

Each doctor ascribed to an oath regarding ethical practice at his/her graduation (Appendix D.) The Montana Association of Naturopathic Physicians and the National American Association of Naturopathic Physicians require licensure credentials for membership. The MANP and AANP require for active membership, that members have a degree from a college of naturopathic medicine accredited by the CNME or recognized by the AANP or hold a license to practice naturopathic medicine in a state with a licensing statute recognized by the AANP. There are also naturopathic specialty societies affiliated with the AANP which have additional requirements.

21. Describe the proposed makeup of the licensing board and the qualifications for membership on the board.

The legislation proposes a three-member board composed of two naturopathic physicians and one public member. The naturopathic physicians will be Montana residents for at least three years licensed in Montana. All shall be appointed by the governor and confirmed by the senate. Section 9 of proposed bill covers this.

22. Describe how any complaints received by the board will be investigated including the use of any peer reviews or other use of professional societies.

Complaints will be received through the Department of Commerce. The Department will initially investigate the complaint by correspondence or telephone and report the findings to the board for review. The board may pursue further investigation or schedule a complaint hearing. Section 20 of proposed bill describes the process.

23. How and when will each of the following types of disciplinary procedures be used (if at all): Revoke license, Suspend license, Censure, Letter of reprimand

The board will determine the nature, circumstances and severity of violation. Details of this will be determined by the board and modeled after acceptable practice with other professions. Disciplinary procedures will be used including: revoked license, suspended license, censure or letter of reprimand. Board disciplinary action will be subject to appeal and review under the Montana Administrative Procedures Act. Sections 20, 21 and 22 of proposed bill discuss the proposed process.

24. Estimate the yearly cost to the state to administer the licensing program. You may wish to consider board member travel and per diem expenses, personnel costs to administer day to day functions, materials, testing costs, investigation costs, etc. For new licensing boards consider all costs. For existing boards, show present costs and then show additional costs for the new occupation or profession.

Please see accompanying fiscal note on SB 133 submitted in January 1989 (Appendix E.) The present proposal is essentially the same. The MANP notes the proposal intends the board to use the NPLEX examination which is nationally prepared and administered. The NPLEX 1989 examination was $275 to which the board would add an application and processing fee for department time and material. MANP also estimates the need for department personnal to be .25 FTE the first fiscal year of implementing the legislation and 0.1 FTE in ensuing years.

25. List the proposed fees to cover the cost of the licensing program along with an estimate of the number of each type to be collected. Licensing fees to consider include application fees, examination fees, original license fees, and license renewal fees. Please indicate if renewal of the license is intended to be annual, biannual or some other time frame.

	Cost	Numbers in:1991	1992
New license application fee	$200	14	3
License examination (NPLEX)	$300	2	3
Original license fee for current Montana practitioners	$300	14	2
License renewal fee	$250	0	14
Yearly revenue		$7060	$4250
Less NPLEX fee		-$550	-$825
Board & Dept. operating costs		$6510	$3425
Department operation 41% of board total		-$2669	-$1404
Board operation		3841	2021

Appendix A

Exhibit # 10
1-18-91 SB 66

WSMA
Washington State Medical Association

Governmental Affairs Office, 410 East 11th Avenue, Suite 210, P.O. Box 2376, Olympia, Washington 98507-2376
(206) 352-4848 1-800-562-4546

Rick L. Johnson, MD
President

Ralph A. Johnson, MD
President-Elect

Edmund W. Gray, MD
Immediate Past President

Thomas D. Mahony, MD
Vice-President

Marvin R. Young, MD
Secretary-Treasurer

Thomas J. Curry
Executive Director

April 17, 1987

TO: Members of the Washington State Legislature

FROM: Ed Larsen, Director of Governmental Affairs

SUBJECT: Amendment H-3147/87 to SSB 5219 - the Naturopathic Practice Act

Draft amendment H-3147/87 to SSB 5219 is a comprehensive revision to the Naturopathic Practice Act. This revision is the product of extensive negotiations between the Washington State Medical Association and the Naturopaths. This substitute meets our concerns and with its adoption we no longer oppose passage of the naturopath's bill. We wish to thank the Naturopath's Association for their willingness to negotiate our differences in good faith and feel the end product is a workable, enforceable licensure act which defines a scope of practice for naturopaths which is in keeping with their education and professional preparation.

EL:pw

COMPARATIVE CURRICULA

Appendix B

Naturopathic and Major Medical Schools

Exhibit # 10
1-18-91 SB 66

	National College of Naturopathic Medicine	Bastyr College (Naturopathic)	Johns Hopkins	Mayo	Yale	Stanford
Basic and Clinical Sciences including: Anatomy, Cell Biology, Physiology, Pathology, Neurosciences Clinical/ Physical Diagnosis, Histology, Genetics, Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Biostatistics, Epidemiology, Public Health, History, Philosophy, Ethics, Research and other coursework.	**2070**	**1891**	1794	1640	1457	1401
Clerkships* and Allopathic Therapeutics including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery**, Opthamology, and clinical electives.	**1974**	**1959**	3260	3080	2040 (+ thesis)	3840
Naturopathic Therapeutics including Botanical Medicine, Homeopathy, Oriental Medicine, Hydrotherapy, Naturopathic Manipulative Therapy.	**492**	**335**	0	0	0	0
Therapeutic Nutrition	**144**	**138**	17	elective	elective	elective
Counseling	**144**	**158**	0	0 (included under psychiatry above)	0	0
TOTALS	**4824**	**4481**	5071	4720	3497 (– thesis)	5241

*Clerkships are estimated to be 40 hours per week of mixed lecture and clinical training
**Naturopathic physicians study minor surgery only.

Sources: 1988 *Curriculum Directory* of the Association of American Medical Colleges;
1988 catalogues of National College of Naturopathic Medicine and Bastyr College

For Information or Referrals:

American Association of Naturopathic Physicians
P.O. Box 20386
Seattle, WA 98102
(206) 323-7610

SYNOPSIS OF CURRICULUM

First Year

Course #	Course Title	Cr. Hrs.	Contact Hours
FALL TERM			
BMA 401	Anatomy I	4	48
GAL 401	Gross Anatomy Lab I	3	36
BMH 401	Histology	5	60
BMP 401	Physiology I	7	84
BCH 421	Biochemistry I	5	60
HIS 432	History of Medicine	2	24
PHL 432	Naturopathy as a Holistic Philosophy	3	36
	Term totals	29	348
WINTER TERM			
BMA 402	Anatomy II	6	72
GAL 402	Gross Anatomy Lab II	3	36
BMP 402	Physiology II	7	84
BCH 422	Biochemistry II	5	60
COU 433	Skills of Communication	2	24
RES 434	Research in Health Sciences I	1	12
NTH 441	Intro. Nat. Therapeutics I	2	24
MAN 400	Bodywork I	2	24
	Term totals	28	336
SPRING TERM			
BMA 403	Anatomy III/Embryology/Neurosciences/ Neuroanatomy Lab	8	96
ANA 403	Living Anatomy	2	24
BMP 403	Physiology III	7	84
MCB 405	Microbiology	5	60
PTH 411	Intro. to Pathology	2	24
RES 435	Research in Health Sciences II	1	12
NTH 442	Intro. Nat. Therapeutics II	2	24
MAN 401	Bodywork II	1	12
	Term totals	28	336
	Electives	4	48
	Year totals	89	1068

SYNOPSIS OF CURRICULUM

Second Year

Course #	Course Title	Cr. Hrs.	Contact Hours
FALL TERM			
CPD 501	Clinical/Physical Diagnosis I	6	72
PDL 501	Physical Diagnosis Lab I	2	24
PTH 501	Pathology I	5	60
LAB 501	Lab Diagnosis I	3	36
DIM 501	Diagnostic Imaging I	2	24
MAN 501	Bodywork III	1	12
PSY 501	Medical Psychology	3	36
IMG 506	Immunology	3	36
PHG 523	Pharmacognosy I	2	24
CHI 531	Chinese Medicine I	3	36
	Term totals	30	360
WINTER TERM			
CPD 502	Clinical/Physical Diagnosis II	6	72
PDL 502	Physical Diagnosis Lab II	2	24
PTH 502	Pathology II	5	60
LAB 502	Lab Diagnosis II	3	36
DIM 502	Diagnostic Imaging II	2	24
PBH 507	Public Health	2	24
MAN 510	Orthopedics I	1	12
MAN 511	Manipulation I	2	24
HOM 534	Homeopathy I	3	36
BMM 551	Botanical Materia Medica I	2	24
	Term totals	28	336
SPRING TERM			
CPD 503	Clinical/Physical Diagnosis III	6	72
PDL 503	Physical Diagnosis Lab III	2	24
PTH 503	Pathology III	3	36
LAB 503	Laboratory Diagnosis III	3	36
DIM 503	Diagnostic Imaging III	2	24
FEM 512	First Aid/Emergency Med.	2	24
MAN 512	Orthopedics II	1	12
MAN 513	Manipulation II	2	24
PHM 521	Pharmacology I	2	24
NUT 524	Nutrition I	3	36
BMM 552	Botanical Materia Medica II	2	24
	Term totals	28	336
	Electives	4	48
	Year totals	90	1080

SYNOPSIS OF CURRICULUM

Third Year

Course #	Course Title	Cr. Hrs.	Contact Hours
FALL TERM			
OSG 601	Gynecology	3	36
XRA 603	X-ray Technique	1	12
HYD 607	Hydrotherapy I	3	36
MAN 610	Orthopedics III	1	12
MAN 611	Manipulation III	2	24
PHS 612	Physiotherapy I	2	24
NUT 621	Nutrition II	3	36
PHM 622	Pharmacology II	2	24
COU 633	Psych. Modalities Health Care	3	36
BMM 653	Botanical Materia Medica III	2	24
CER 691	Clinic Externship	14	168
	Term totals	36	432
WINTER TERM			
PHG 624	Pharmacognosy II	2	24
MAN 612	Orthopedics IV	1	12
MAN 613	Manipulation IV	1	12
NUT 622	Nutrition III	3	36
OBS 602	Obstetrics I	3	36
OSO 613	Office Orthopedics	4	48
PED 605	Pediatrics I	2	24
PHS 613	Physiotherapy II	2	24
PTM 641	Doctor Patient Relations	2	24
CER 692	Clinic Externship	14	168
	Term totals	34	408
SPRING TERM			
IMG 608	Genetics	1	12
ENV 608	Environmental Med.	2	24
EXC 616	Preventive/Therapeutic Exercise	2	24
MNS 655	Minor Surgery	3	36
NUT 623	Nutrition IV	3	36
OSC 604	Cardiovascular/Respiratory	3	36
PED 606	Pediatrics II	2	24
LAW 662	Jurisprudence	1.5	18
CER 693	Clinic Externship	15	180
	Term totals	32.5	390
	Electives	9	108
	Year totals	111.5	1338

SYNOPSIS OF CURRICULUM

Fourth Year

Course #	Course Title	Cr. Hrs.	Contact Hours
CER 791	Summer Holiday Clinic	10	120
FALL TERM			
OSE 701	Eye, Ear, Nose and Throat	2	24
OSE 703	Endocrinology	2	24
PMN 704	Practice Management I	1	12
OSD 705	Dermatology	1.5	18
HSX 742	Human Sexuality	2	24
CER 792	Clinic Externship	24	288
	Term totals	32.5	390
WINTER TERM			
OSG 701	Gastroenterology	2	24
OSP 701	Proctology	1	12
OSN 702	Neurology	2	24
PMN 705	Practice Management II	1	12
OSU 706	Urology	1	12
GER 707	Geriatrics	1	12
CER 793	Clinic Externship	24	288
	Term totals	32	382
SPRING TERM			
OSO 708	Oncology	2	24
BUS 761	Business/Office Procedures	2	24
CER 794	Clinic Externship	24	288
	Term totals	28	336
	Electives	9	108
	Year totals	111.5	1338

TOTALS FOR DEGREE PROGRAM

Total required classroom instruction	251	3012
Total electives, minimum	26	312
Total clinic externship/preceptorship	125	1500
Total hours of instruction	402	4824

NATUROPATHIC OATH

Exhibit # 10
1-18-91 SB 66

I affirm the following:

I will impart knowledge of life, health and healing, by precept, lecture, and every other method of service to those in need.

I will employ individualized treatment according to my ability and judgement following the principles of Naturopathic Medicine:

Do no harm;
Promote the inherent healing power of nature;
Address the cause of illness;
Treat the whole person;
Support health-giving lifestyles;
and, I will conduct my life with integrity according to these principles.

I dedicate myself to refine my skills in the healing arts through experience, reflection, and wisdom, to provide the highest quality healthcare possible.

I will use my skills, knowledge, and influence to establish and preserve a world of health on our planet for present and future generations.

Whatever I am privileged to witness, whether professionally or privately which should not be divulged, I will keep confidential.

May my conscience and these witnesses hold me to the precepts of this oath.

Naturopathic Physician
John Bastyr College of Naturopathic Medicine

Exhibit #/O
1-18-91 SB 66

Revised March 30, 1990

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Short title. This chapter may be cited as the "Naturopathic Health Care Practice Act."

Section 2. Legislative finding --purpose.

(1) The legislature finds that a significant number of Montanans choose naturopathic medicine for their health care needs and declares that naturopathic medicine is a distinct health care profession that affects the public health, safety, and welfare and provides freedom of choice in health care.

(2) The purpose of this chapter is to provide standards for the licensing and regulation of naturopathic physicians in order to protect the public health, safety, and welfare; to ensure that naturopathic health care by qualified physicians is available to the people of Montana; and to provide a means of identifying qualified naturopathic physicians.

Section 3. Definitions. Unless the context requires otherwise, in this chapter the following definitions apply:

(1) "Approved naturopathic medical college" means a college or program granting the degree of Doctor of Naturopathy or Naturopathic Medicine that:

(a) is accredited by the Council on Naturopathic Medical Education or another such accrediting agency recognized by the Federal government,

(b) has candidate for accreditation status with such accrediting agency, or

(c) has been approved by the board, upon investigation which found that college or program to meet education standards equivalent to those established by the above accrediting agency.

(d) For the initial purpose of one year from effective date of [this act] to allow the board to review and approve naturopathic medical colleges and for it's purpose of temporary certificates as stated in Section 14, Subsection 3 of [this act], the department and the board shall recognize as approved naturopathic medical colleges ,the following college or program degrees:

- Western State College-School of Naturopathy
- National College of Drugless Physicians
- Los Angeles College of Chiropractic and Naturopathy
- American School of Naturopathy
- Pacific College of Naturopathic Physicians
- and any school that has ever been accepted by a state for licensure

purpose.

(2) "Board" means the board of naturopathic physicians.

(3) "Department" means the department of commerce provided for in Title 2, chapter 15, part 18.

(4) "Homeopathic preparations" means medicines prepared according to the Homeopathic Pharmacopoeia of the United States.

(5) (a) "Minor surgery" means the use of:

(i) operative, electrical, or other methods for the surgical repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the removal of foreign bodies located in the superficial tissues; and

(ii) antiseptics and local anesthetics in connection with such methods.

(b) Minor surgery does not include general or spinal anesthetics,

major surgery, surgery of the body cavities, or specialized surgeries, such as plastic surgery, surgery involving the eyes, or surgery involving major tendons, ligaments, nerves or blood vessels.

(6) "Natural antibiotics" means antimicrobial, antifungal, and antiprotozoal agents which are naturally occurring substances or manufactured substances that are substantially indentical to such naturally occurring substances.

(7) "Naturopathic medicine," "naturopathic health care" or "naturopathy" mean a system of primary health care practiced by naturopathic physicians for the prevention, diagnosis and treatment of human health conditions, injury and disease. Its purpose is to maintain or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education and the use of natural medicines and therapies.

healing processes. This is accomplished through education and the use of natural medicines and therapies.

(8) "Naturopathic obstetrics" means the specialty practice of obstetrics and natural childbirth that includes the use of obstetrical natural substances, ophthalmic antibiotics, obstetrical emergency medicines, and minor surgery. The term does not include a forceps delivery, general or spinal anesthesia, or a Caesarean section.

(9) "Naturopathic physical medicine" shall mean the therapeutic use of the physical agents of air, water, heat, cold, sound, light, gravity, and electromagnetic non-ionizing radiation; and the physical modalities of electrotherapy, diathermy, ultrasound, ultraviolet light, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.

(10) "Naturopathic physician" means a person authorized and licensed to practice naturopathic health care under this chapter.

(11) "Topical medicines" shall mean topical analgesics, anesthetics, antiseptics, scabicides, anti-fungals, and anti-bacterials.

Section 4. Practice of naturopathic health care.

(1) Naturopathic physicians shall be authorized to practice naturopathic medicine as a limited practice of medicine as defined in MCA 37-3-102 with the following restrictions. A naturopathic physician may not:

(a) prescribe, dispense or administer any legend drug as defined in MCA 50-31-301(7) except those natural or topical medicines authorized by Section 4 (2) or Section 10 (1) (b) of [this act.]

(b) administer ionizing radioactive substances for therapeutic purposes.

(c) perform surgical procedures except those procedures authorized by this chapter.

(d) claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession.

(2) Naturopathic physicians shall be authorized to prescribe, dispense in accordance with MCA 37-2-101 and MCA 37-2-104, and administer for preventative and therapeutic purposes the following natural or topical medicines and therapies:

Food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, plant and animal substances, botanical medicines, homeopathic preparations, natural antibiotics, immunizations, topical medicines, counseling, nutritional counseling and dietary therapy, naturopathic physical medicine, therapeutic devices, non-prescription drugs, barrier devices for contraception, naturopathic obstetrics and minor surgery.

(3) Naturopathic physicians shall be authorized to perform or order for diagnostic purposes physical and orificial examinations, x-rays, electrocardiograms, ultrasound, phlebotomy, clinical laboratory tests and examinations, physiological function tests, and other non-invasive diagnostic procedures commonly used by physicians in general practice as authorized by Section 10 (1) (b) of [this act].

Section 5. License required -- titles restricted -- enjoining unlawful practice.

(1) Any person ~~no~~ not licensed pursuant to this chapter who represents himself to the public as a naturopathic physician or naturopath, or claims in any way that he practices naturopathic medicine, naturopathy or naturopathic health care shall be guilty of a

misdemeanor.

(2) (a) (i) A naturopathic physician may use the prefix "Dr." or "doctor" as a title.

(ii) A naturopathic physician may use any or all of the following: the terms "doctor of naturopathy," "doctor of naturopathic medicine," "naturopath," or "naturopathic physician," or the abbreviation "N.D." when used to imply any of the above titles.

(b) The titles and abbreviations in subsection (2)(a)(ii) identify naturopathic physicians and are restricted to their use. A person who uses these titles without being licensed pursuant to this chapter shall be guilty of a misdemeanor.

(3) Violation of this chapter may be enjoined by the district court on petition by the board.

Section 6. Exemptions.

(1) This chapter recognizes that many of the therapies used by naturopathic physicians, such as the use of nutritional supplements, herbs, foods, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopathic physicians and as such their use by individuals is not prohibited by [sections 1 through 9 and 11 through 24].

(2) This chapter does not restrict or apply to:

(a) The scope of practice of any other professions licensed, certified, or registered under the laws of this state; or

(b) Students of naturopathic medicine who are currently enrolled in an approved naturopathic medical college and who gratuitously diagnose and treat disease under the direct supervision of a naturopathic physician or other health care practitioner

regulated under the laws of this state as long as the student's activity is within the scope of practice of such supervising practitioner and is limited to activity consistent with the scope of practice described in this chapter.

(c) Apply to any naturopathic physician duly licensed in another state, territory, or the District of Columbia, if such state, territory, or the District of Columbia requires credentials equivalent to those of this chapter, when incidentally called into this state for consultation with a naturopathic physician.

Section 7. Certification for specialty practice -- requirements.

(1) A naturopathic physician may not practice naturopathic obstetrics without first obtaining from the board a certificate of specialty practice. The board shall adopt rules setting forth the requirements to be met in order to certify naturopathic physicians for the specialty practice of naturopathic obstetrics.

(2) To be certified for the specialty practice of naturopathic obstetrics, a naturopathic physician shall:

(a) pass either a national standardized supplemental examination in naturopathic obstetrics provided by the national naturopathic profession licensing organization or other specialty examination approved by the board;

(b) complete a minimum of 100 hours in any one or in any combination of the following upon approval by the board;

(i) course work in naturopathic obstetrics;

(ii) an internship in naturopathic obstetrics; or

(iii) a preceptorship in naturopathic obstetrics; and

(c) have assisted in a minimum of 40 supervised births, including prenatal and postnatal care, under the direct supervision of a licensed naturopathic, medical, or osteopathic physician with specialty training in obstetrics or natural childbirth.

Section 8. Public health duties of naturopathic physicians. Naturopathic physicians shall have the same authority and responsibility as other licensed physicians with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that such authority is limited to activities consistent with the scope of practice described in this chapter.

Section 9. Board of naturopathic physicians.

(1) There is a board of naturopathic physicians.

(2) The board consists of three members appointed by the governor. Members serve for staggered terms of 4 years, commencing on September 1 of the year of appointment. Appointments made when the legislature is not in session may be confirmed at the next session. Upon notice and hearing, a member may be removed by the governor for neglect of duty, incompetence, or unprofessional or dishonorable conduct.

(3) (a) The members are:

(i) one member of the public; and

(ii) two naturopathic physicians who have been residents of Montana three (3) years prior to being appointed. These members must be licensed under this chapter, except during the initial transition period of one (1) year after the effective date of this chapter when the naturopathic physicians on the board must have a temporary certificate

Exhibit 10a
1-18-91
SB66

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of January, 1991.

Name: Jerome T. Loendorf

Address: Helena, Mt.

Telephone Number: 442-6350

Representing whom?

Mt. Med Assn

Appearing on which proposal?

SB 66

Do you: Support?____ Amend?____ Oppose? ✓

Comments:

See minutes

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit 10b
1-18-91
SB 66

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of January, 1991.

Name: Steve Brauning

Address: Box 1697

Helena, MT 59624

Telephone Number: 449-6220

Representing whom?

Montana Hospital Association (MHA)

Appearing on which proposal?

SB 66

Do you: Support?____ Amend?____ Oppose? X

Comments:

MHA opposes licencing of new state health care professions absent the existence of compelling evidence of need for licensure which is lacking in this instance.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

Exhibit #11
1-18-91 SB 66

Eyhaver -

WITNESS STATEMENT

To be completed by a person testifying or a person who wants their testimony entered into the record.

Dated this 18 day of Jan, 1991.

Name: Bonnie L Tippy

Address: 1215 11th Ave. / PO Box 6276 Helena MT 59604

Telephone Number: 406-442-7275

Representing whom?

The Montana Chiropractic Association

Appearing on which proposal?

SB66

Do you: Support?____ Amend?____ Oppose? X

Comments:

Please see prepared committee testimony

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 11
DATE 1-18-91
BILL NO. SB 66

Testimony

Senate Bill 66

Date: January 18, 1990

Submitted by: The Montana Chiropractic Association

Contact: Bonnie Tippy/442-7275

Whenever a licensure bill is heard regarding an alternative health care provider, other providers giving testimony in opposition to the licensure are oftentimes accused of creating a "turf battle." Frankly, many times this is the case. But, today, I ask this committee to understand a very legitimate concern on the part of Montana's chiropractors regarding this particular licensure bill. This concern has to do with citizen safety, and the too broad scope of this legislation concerning spinal manipulation.

I am distributing to the committee copies of course curriculum at Northwestern College of Chiropractic. Highlighted are courses, both classroom and clinical, related to spinal manipulation. These hours total 2075. There is good reason for this very extensive amount of time. While spinal manipulation is a highly effective form of health care, it takes a great deal of training to do it effectively and without potential harm to patients. We do not believe that Naturopaths have sufficient education in the area of manipulation to meet these two very important goals. We respectfully request that this committee amend this bill on page 5, section 9, subsection b, in order to eliminate "naturopathic manipulative therapy."

We generally support and applaud the efforts of the Naturopaths to become licensed, and believe that they are a viable alternative health care provider. However, again, we know that the scope of this bill is simply too broad to ensure patient safety.

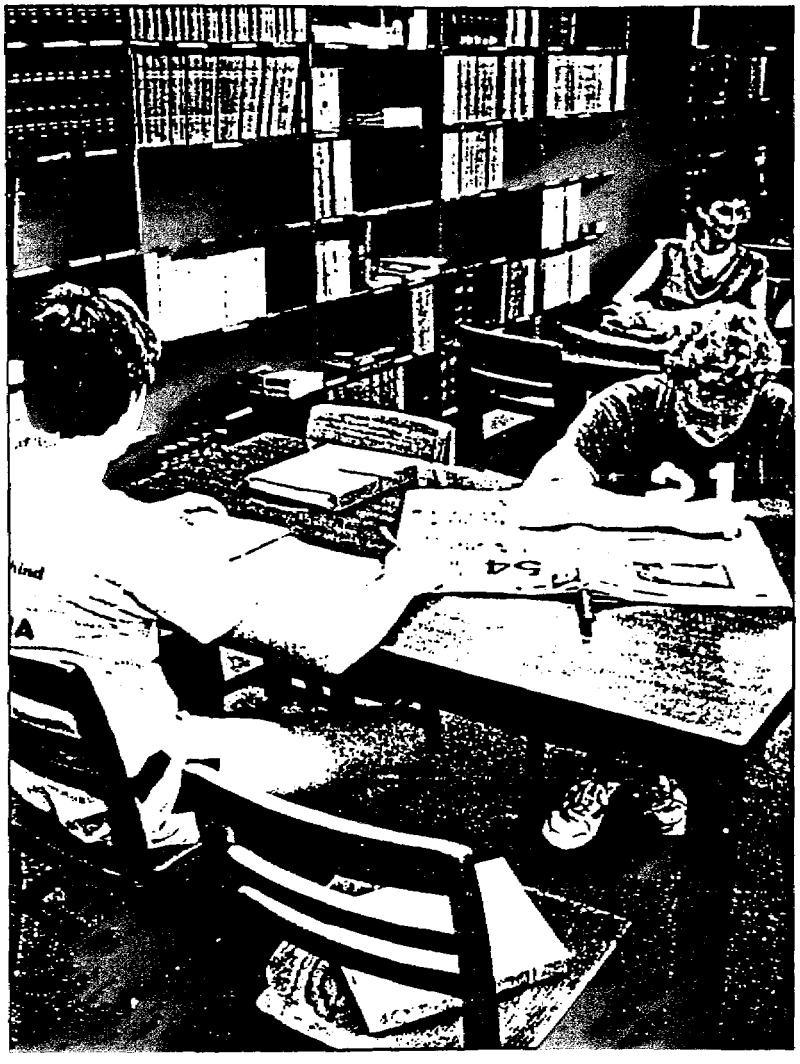

Exhibit #11
1-18-91 SB 66

Course List

The required curriculum for the Doctor of Chiropractic Degree is composed of a sequence of courses offered in ten 15-week trimesters for a total of 4,402 contact hours, exclusive of elective courses of study.

Course titles marked by * denote credits applicable to the Bachelor of Science in Human Biology.

Course titles by # indicate clinical experiences in the College's public clinics.

Trimester 1, 15 Weeks

(Offered Fall and Spring Terms)

Course Number	*Title*	*Hours Per Week*			*Credits*	*Clock Hours*
		Lect.	*Lab.*	*Clin.*		
10010	Health Science Technology	1.00	0.00	0	1.00	15.00
11010	*Biochemistry 1	4.00	2.00	0	5.00	90.00
13010	*Gross Anatomy 1	3.00	5.00	0	5.50	120.00
14010	*Embryology 1	2.00	0.00	0	2.00	30.00
15010	*Histology 1	3.00	1.50	0	3.75	67.50
20010	Normal Radiographic Anatomy	0.50	2.00	0	1.50	37.50
22510	Professional Issues in Human Sexuality (Seminar)	0.00	0.00	0	1.00	10.00
31010	Chiropractic Principles and Practice 1	1.00	0.00	0	1.00	15.00
32010	*Professional Literature	1.00	0.00	0	1.00	15.00
33010	Chiropractic Methods 1—Palpation	0.00	2.00	0	1.00	30.00
34010	Spine and Pelvis	3.00	0.00	0	3.00	45.00
	Totals	18.50	12.50	0	25.75	475.00

Trimester 2, 15 Weeks
(Offered Spring and Summer Terms)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
11120	*Physiology 1	4.00	1.00	0	4.50	75.00
12120	*Peripheral Nervous System	4.00	0.00	0	4.00	60.00
13120	*Gross Anatomy 2	4.00	3.00	0	5.50	105.00
14120	*Embryology 2	2.00	0.00	0	2.00	30.00
15120	*Histology 2	3.00	1.50	0	3.75	67.50
31120	Chiropractic Principles and Practice 2	2.00	0.00	0	2.00	30.00
33120	Chiropractic Methods 2—Spinal Analysis	2.00	2.00	0	3.00	60.00
	Totals	21.00	7.50	0	24.75	427.50

Trimester 3, 15 Weeks
(Offered Summer and Fall Terms)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
11230	*Physiology 2	4.00	1.00	0	4.50	75.00
11330	*Biochemistry 2	2.00	0.00	0	2.00	30.00
12230	*Central Nervous System	3.00	0.00	0	3.00	45.00
17030	*Pathology 1	3.00	0.00	0	3.00	45.00
20130	Skeletal Radiology 1—Measurements and Congenital Anomalies	2.00	1.00	0	2.50	45.00
21030	Physical Diagnosis	3.00	2.00	0	4.00	75.00
33230	Chiropractic Methods 3—Occipit, Cervical, Thoracic	1.50	2.50	0	2.75	60.00
35030	Principles of Physiotherapy	1.50	0.50	0	1.75	30.00
36030	Neuromusculoskeletal 1—General	3.00	1.00	0	3.50	60.00
	Totals	23.00	8.00	0	27.00	465.00

Exhibit #11
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Trimester 4, 15 Weeks
(Offered Fall and Spring Terms)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
16040	*Microbiology	4.00	4.00	0	6.00	120.00
17140	*Pathology 2 (Spring Term)	3.00	0.00	0	3.00	45.00
20240	Skeletal Radiology 2—Trauma and Arthritis	2.00	1.00	0	2.50	45.00
21140	CNS—Neurodiagnosis	2.50	1.00	0	3.00	52.50
22040	Chiropractic Science	4.00	0.00	0	4.00	60.00
33340	Chiropractic Methods 4—Lumbar, Pelvis, Sacral	1.50	2.50	0	2.75	60.00
36140	Neuromusculoskeletal 2—Spinal	4.00	2.00	0	5.00	90.00
	Totals	20.50	11.00	0	26.00	472.50

Trimester 5, 15 Weeks
(Offered Each Term)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
17140	*Pathology 2 (Spring Term)	3.00	0.00	0	3.00	45.00
20350	Skeletal Radiology 3—Neosplasms and Miscellaneous Diseases	2.00	1.00	0	2.50	40.00
21250	Physical Diagnosis—EENT	2.00	1.00	0	2.50	45.00
24050	Clinical Pathology 1	2.00	3.00	0	3.50	75.00
25150	*Infectious Diseases	2.00	0.00	0	2.00	30.00
25250	*Public Health	2.00	0.00	0	2.00	30.00
33450	Chiropractic Methods 5—Upper Extremities, Soft Tissue	1.50	2.50	0	2.75	60.00
34150	Technique Practicum 1—Spinal	0.00	2.00	0	1.00	30.00
36250	Neuromusculoskeletal 3—Extremities	4.00	2.00	0	5.00	90.00
36350	*Principles of Nutrition	4.00	0.00	0	4.00	60.00
41050	Clinical Chiropractic 1	1.00	0.00	0	1.00	15.00
	Totals	23.50	12.50	0	27.25	490.00

Trimester 6, 15 Weeks
(Offered Each Term)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
20460	X-Ray Physics	3.00	0.00	0	3.00	45.00
20660	Radiology of the Abdomen	1.00	0.50	0	1.25	22.50
23360	Respiratory System	2.00	1.50	0	2.75	52.50
23460	Cardiology	2.00	1.50	0	2.75	52.50
23560	Gastrointestinal and Genitourinary Systems	5.00	1.00	0	5.50	90.00
24160	Clinical Pathology 2	3.50	1.00	0	4.00	67.50
33560	Chiropractic Methods 6—Soft Tissue	1.50	2.50	0	2.75	60.00
34260	Technique Practicum 2—Spinal and Extremities	0.00	2.00	0	1.00	30.00
35160	Clinical Physiotherapy	1.50	1.50	0	2.25	45.00
41060	Student Clinic 1	1.00	0.00	4.00	3.00	75.00
42060	Clinical Chiropractic 2	1.00	0.00	0	1.00	15.00
	Totals	21.50	11.50	4.00	29.25	555.00

Trimester 7, 15 Weeks
(Offered Each Term)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
20570	Radiographic Technology	1.00	2.00	0	2.00	45.00
20770	Radiology of the Chest	1.00	1.00	0	1.50	30.00
23570	Gynecology	2.00	0.50	0	2.25	37.50
23670	Endocrinology	2.00	0.00	0	2.00	30.00
25380	Obstetrics	2.00	0.00	0	2.00	30.00
25570	Emergency Procedures/ Minor Surgery	1.50	2.00	0	2.50	52.50
26170	Mental Health 1	3.00	0.00	0	3.00	45.00
33670	Chiropractic Methods 7— Integrated Review	0.00	2.00	0	1.00	30.00
36470	Clinical Nutrition	3.00	0.00	0	3.00	45.00
41170	Student Clinic 2	1.00	0.00	4.00	3.00	75.00
42170	Clinical Chiropractic 3	2.00	0.00	0	2.00	30.00
43180	Practice Management 1	2.00	0.00	0	2.00	30.00
	Totals	20.50	7.50	4.00	26.25	470.00

Exhibit # 11
1-18-91 SB 66

Trimester 8, 15 Weeks
(Offered Each Term)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
25690	Geriatrics	2.00	0.00	0	2.00	30.00
25980	Toxicology/Pharmacology	2.00	0.00	0	2.00	30.00
26280	Mental Health 2	3.00	0.00	0	3.00	45.00
41280	#Internship 1	0.00	0.00	18.00	9.50	288.00
42280	#Clinical Case Studies 1	0.00	0.00	1.00	1.00	17.00
	Totals	7.00	0.00	19.00	17.50	410.00

Trimester 9, 15 Weeks
(Offered Each Term)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
23890	Dermatology	1.00	0.00	0	1.00	15.00
25490	Pediatrics	2.00	0.00	0	2.00	30.00
41390	#Internship 2	0.00	0.00	18.00	9.50	288.00
42390	#Clinical Case Studies 2	0.00	0.00	1.00	1.00	17.00
43290	Practice Management 2	3.00	0.00	0	3.00	45.00
47190	Legal Aspects of Chiropractic Practice	2.00	0.00	0	2.00	30.00
	Totals	8.00	0.00	19.00	18.50	425.00

Trimester 10, 15 Weeks
(Offered Each Term)

Course Number	Title	Hours Per Week Lect.	Lab.	Clin.	Credits	Clock Hours
41400 or 41500	#Internship 3 or Externship	0.00	0.00	20-40	10-20	300-600

Total – manipulation = 660 hours – 31.5 credits
clinic = 1115-1415 hours – 41-51 credits

1 of 2

DATE Friday, January 18, 1991

COMMITTEE ON senate committee on public health, welfare & safety

VISITORS' REGISTER SB66

NAME	REPRESENTING	BILL #	Check One: Support	Oppose
KONRAD KAIC, N.D.	MT. NATUROPATHIC MED ASSOC	SB 66	✓	
G. L. Milner M.D.	Physician private practice Spokane	SB66	✓	
Brent Mathieu ND	Montana Assoc of Naturopathic Phys	SB 66	✓	
John Delano	MMA			X
DARLENE J. CHEASLEY S.W	SELF	SB66	✓	
Nancy Aagnes, N.D.	MT Asso Nature Phys	SB66	✓	
Nancy Dahmer ND	M.A.N.P.	SB66	✓	
Hillary Dale, N.D. CA	M.A.N.P.	SB66	✓	
Irene I. Loendorf 19 Locust Dr	Mt. Med. Assn	SB66		✓
Mona Morstan, MD, DHANP	MANP	SB66	✓	
[illegible]	self	SB66		✓
Richard Bergsing N.D. CA	M.A.N.P.	SB66	✓	
Irma M. Wright	Self	SB66	✓	
Gilen + Louise Ostby	ourselves	SB66	✓	
Terry Krantz	SRS	SB66		
Barbara A. [illegible]	self + others	SB66	✓	
Sharon Mezyk	M.N.A.	SB66		✓
[illegible]	M.N.A.	SB66		✓
Lucas K. Kemp RN, BSN	M.N.A.	SB66		✓
Bonnie Tippy	MT State Pharmaceutical Ass	SB66		✓
Bonnie Tippy	MT Chiropractic Assoc.	SB66		✓
Mary Burman	M.N.A.	SB66		✓
Denise Stevens	MNA	SB66		✓
[illegible]	MT. Nurses Assn	SB66		X
Russell Jaffe	self	SB66		
[illegible]				✓

DATE Monday, January 28, 1991

COMMITTEE ON senate committee on public health, welfare & safety

VISITORS' REGISTER SB66

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Allen S. Lefohn	Self	SB66	X	
Nellie Mills M.D.	Self	SB66	X	
Brian Wilson MA	Self, MMIA	SB66		X
Linda Kelly	MDA	SB66		X
Pat Tash	MANP	SB66	X	
Wm Mgr	self	SB66	X	
Brigitte Mazurek	Self	SB66	X	

B. 332.

DATE Friday, January 18, 1991

COMMITTEE ON senate committee on public health, welfare & safety

VISITORS' REGISTER SB66

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Debi Corcoran		66	✓	
I D Dowdeal		66	✓	
Betty Meyler		66	✓	
Steve Browning	MT Hosp Assn	66		✓
Jody Carlson	MANP	66	✓	

The second witness to testify in favor of HJR 3 was Cindy Lewis, representing the Montana Dieticians Association. See Exhibit #2 for a copy of her testimony.

The third witness to submit testimony in favor of HJR 3 was Judy Garrity, representing the Montana Coalition of Healthy Mothers, Healthy Babies. See Exhibit #3 for a copy of her testimony.

There being no further testimony in favor of HJR 3 the chairman called for testimony from opponents of the measure.

Opponents' Testimony:

There being no testimony in opposition to the measure, the chairman called for questions from the committee.

Questions From Committee Members:

Senator Pipinich asked Representative Brown what the purpose of the measure was.

Representative Brown responded that the measure was introduced because it would help educate the public on the value of breast-feeding which is sometimes a cultural trend.

Chairman Eck commented that all counties should have a Women, Infants and Children program and that she thought there was proposed legislation being drafted to assist with the effort.

Representative Brown responded in the affirmative and said the bill draft was still in the Legislative Council.

Closing by Sponsor:

Representative Brown closed by saying the measure passed the full House with only three dissenting votes. She said at this time she did not have a senate sponsor but would turn the file over to the chairman.

There being no further public hearing business Senate Burnett moved to adjourn the meeting. There being no objection the motion carried.

EXECUTIVE ACTION ON SENATE BILL 66

Motion:

Senator Towe made a motion that his Amendments 1 through 4 be adopted (Exhibit # 4).

Discussion:

There was no discussion by committee members.

Recommendation and Vote:

The motion made by Senator Towe carried unanimously.

Motion:

Senator Towe made a motion that his Amendment #5 be adopted. (Exhibit #4)

Discussion:

Senator Hager asked if anyone in the room had concerns about the amendment. There were none.

Recommendation and Vote:

The motion made by Senator Towe carried unanimously.

Motion:

Senator Towe made a motion that his Amendments #6, #7, #8, #9, and #10 be adopted. See Exhibit #4 for a copy of the amendments.

Discussion:

The chairman asked for comments on the amendments and recognized Dr. Nancy Aagenes, N.D., Legislative chairman of the Montana Naturopathic Association. She commented that the amendments would add more stringent requirements in the bill.

Amendments, Discussion and Votes:

Senator Pipinich moved to adopt the amendments.

Recommendation and Vote:

The motion made by Senator Towe carried unanimously.

Motion:

Senator Towe made a motion that his Amendments #11 and #12 be adopted. See Exhibit #4 for a copy of the amendments.

Discussion:

The chairman asked for comments and recognized Dr. Nancy Aagenes who explained the amendments. The chairman recognized Senator Hager who asked Mona Jamison, representative of the Montana Physical Therapists Association, about the impact on mid-wives. Ms. Jamison responded that she has no problems with the amendments and the legislation addressing mid-wives would be introduced shortly.

The chairman recognized Senator Burnett who asked about naturopathic physicians using the term 'doctor'.

The chairman recognized Senator Towe who said the naturopathic physicians use the term 'Naturopathic Doctor' not 'Medical Doctor'.

Chairman Eck compared the usage of the word 'doctor' to other professions who use the same term.

Amendments, Discussion and Votes:

The chairman called for further discussion on the amendments. There was none.

Recommendation and Votes:

Chairman Eck moved for adoption of Amendments #11 and #12. Senator Franklin voted in opposition to adoption, Senator Jacobson was absent and all other committee members voted in favor of adoption. The motion carried.

Motion:

Chairman Eck made a motion to adopt her Amendment #1 which would strike the word "or" and insert the word "and" on page 2, line 25 of Senate Bill 66.

Discussion:

The chairman talked briefly to the committee about the issues involved in accreditation of naturopathic colleges. She recognized Dr. Aagenes who further explained that she had no problem with the amendment.

The chairman recognized Senator Franklin who commented about accreditation and said she was concerned about where the checks and balances are in the accrediting activities of naturopathic

colleges.

Recommendation and Vote:

Senator Rye moved for adoption of Amendment #1 from Senator Eck. The motion carried unanimously.

Motion:

Senator Pipinich made a motion to adopt Senate Bill 66 as amended.

Discussion:

The chairman recognized Senator Frankin who said she was opposed to the motion because there were too many issues that had not been discussed and she had no clear picture of the scope of practice for naturopathic physicians.

The chairman recognized Dr. Aagenes who stated that it was the practice of medicine using natural therapies.

Senator Franklin responded that the title should be changed to Natural Practicioner. Dr. Aagenes disagreed and stated she was not a practicioner but a doctor, just as a nurse is not a practicioner but a nurse.

Recommendation and Vote:

The chairman said the question had been called and asked for a record vote. The motion to adopt Senate Bill 66 as amended passed with Senators' Hager, Pipinich, Rye, Towe and Eck voting in favor of adoption and Senators' Burnett and Franklin opposed to adoption. Senator Jacobson was absent.

EXECUTIVE ACTION ON SENATE BILL 90

Motion:

Senator Burnett made a motion to adopt Senate Bill 90

Discussion:

Senators' Franklin and Towe objected because they had amendments to the measure. The motion by Senator Burnett is denied.

Motion:

The chairman recognized Senator Franklin who explained her Amendment 1 and 2 to SB 90. See Exhibit #5 for a copy of the amendments.

ROLL ____

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

Date 01/23/91

NAME	PRESENT	ABSENT	EXCUSED
SENATOR BURNETT	X		
SENATOR FRANKLIN	X		
SENATOR HAGER	X		
SENATOR JACOBSON	X		
SENATOR PIPINICH	X		
SENATOR RYE	X		
SENATOR TOWE	X		
SENATOR ECK	X		

Each day attach to minutes.

SENATE STANDING COMMITTEE REPORT

January 24, 1991

MR. PRESIDENT:

We, your committee on Public health, Welfare, and Safety having had under consideration Senate Bill No. 66 (first reading copy -- white), respectfully report that Senate Bill No. 66 be amended and as so amended do pass:

1. Page 2, line 25.
Strike: "or"
Insert: "and"

2. Page 5, lines 8 through 11.
Following: "of" on line 8
Strike: remainder of line 8 through line 11 in its entirety

3. Page 5, line 12.
Strike: "(b)"
Following: "of"
Strike: "electrotherapy"
Insert: "electrical muscle stimulation, galvanic"

4. Page 5, line 13.
Following: "light,"
Insert: "constitutional".
Following: "hydrotherapy,"
Insert: "and"

5. Page 5, line 14.
Strike: ", and therapeutic exercise"

6. Page 6, lines 19 and 20.
Following: "medicines," on line 19
Insert: "and"
Following: "preparations" on line 20
Strike: ", and natural antibiotics"

7. Page 7, lines 9 and 10.
Following: "License" on line 9
Strike: "intent"
Insert: "required"
Following: "restricted" on line 10
Strike: "-- license required"

8. Page 7, lines 11 through 17.
Strike: subsection (1) in its entirety
Insert: "(1) Except as provided in [section 6], a person may not practice naturopathy without a valid and current license issued by the board as provided in [sections 1 through 8 and 10 through 19]."

9. Page 7, line 18.
Following: "physician"
Insert: "licensed under [sections 1 through 8 and 10 through 19]"

10. Page 7, line 20.
Following: "physician"
Insert: "licensed under [sections 1 through 8 and 10 through 19]"

11. Page 8, line 19.
Following: "use"
Insert: ", practice, prescription, or administration"
Following: "by"
Strike: "individuals"
Insert: "persons not licensed to practice naturopathic medicine"

12. Page 9, line 23.
Following: "of"
Strike: "40"
Insert: "50"

13. Page 10, line 2.
Following: "attendance."
Insert: "The 50 supervised births required under this subsection (c) must include 25 births that document the naturopathic physician as the primary birth attendant."

Signed: Dorothy Eck
Dorothy Eck, Chairman

1-24-91
And. Coord.

SR 1/24 9:10
Sec. of Senate

160845SC.Sji

These benefits were set in 1983. We applied a 50% benefit, but left it at $7,000 because he estimates the Senate will cut at least another $1,000.

REP. BOHARSKI asked what providers or insurance people think this type of inflational increase mandated benefits is going to do with this probable cost of health care to the 28% of the damage occurred to be limited and shared because of the mandated benefits. **REP. S. RICE** stated that they all share the opinions about mandated benefits. She has the same information as the committee in regards to what the mandated benefits under this would do to insurance cost.

Vote: Motion carried 18-2 with **REPS. KASTEN** and **LEE** voting no.

Motion: **REP. S. RICE** moved to amend HB 355.

Page 4.
Strike: lines 15 through 19.

Discussion:

REP. S. RICE stated that without this amendment, the bill would take things away from the insurance providers in terms of their abilities to have a utilization.

REP. WHALEN asked what restrictions there are currently, as to who is to provide benefits under this mandated coverage. What is the effect of the language contained on the bottom of the amendments? **David Niss** stated that the effect of the language in the current subsection 3 on page 4, lines 15 through 19 would be to prohibit the insurer from limiting the care and treatment he was going to pay for as long as the care of treatment was prescribed by a health care professional licensed under Title 37.

Motion/Vote: **REP. WHALEN MOVED HB 355 BE TABLED.** Motion carried 17-3, with **REPS. DOWELL, HANSEN** and **RUSSELL** voting no.

HEARING ON SB 66

Presentation and Opening Statement by Sponsor:

SEN. MIKE HALLIGAN, Senate District 29, Missoula, stated this is a licensure bill. This bill deals with a relatively new profession in Montana. The general public has moved away from the heavy use of drugs. Naturopaths deserve to be licensed they have a comparative curriculum. Looking at the qualifications and who goes to school the longest and in what areas, one will have to recognize the importance of the basic curriculum by the two main policy relations. This is a very important freedom of choice issue for people in the health care area. It doesn't tell people to go to a naturopath. The second portion of the bill says that licensing is also there to protect the public. The Senate was concerned about the scope of practice. Are these

people qualified to do the things they say they do? Naturopaths can do minor surgery that involves only incidental or superficial lacerations or abrasions. The naturopaths do not want to dispense legend drugs.

Proponents' Testimony:

Michael Bergkamp, Montana Association of Naturopathic Physicians, submitted written testimony. **EXHIBITS 2, 3 & 4**

Allen Lefohn, submitted written testimony. **EXHIBITS 5 & 6**

Dr. Nancy Dunn, Montana Association of Naturopathic Physicians, stated that she was an out-of-hospital birth attendant for twelve years, a registered nurse for ten years and for eight of those years she was a hospital staff nurse. She is a graduate of the National College of Naturopathic Medicine and holds a certificate of special competency in natural childbirth in the State of Oregon. She has a deep respect and appreciation for both branches of medical sciences. The mutual respect and ease of interaction between the complimentary sciences of medicine allow for the greatest benefit to the public.

Dr. Mary Stranahan, General Practitioner in St. Ignatius, submitted written testimony. **EXHIBIT 7**

Printer Bowler stated that his father was brought into this world by a naturopathic physician. Health education is really important because it isn't just fix it when something goes wrong, it's how to stay healthy.

Dave Ford, Chairman, Lewis and Clark Commission, stated that one consideration in the adopted naturopathic medicine in the health plan is that the administrative health plan assured them that it would save money and it has.

Nancy Aagenes, Montana Association of Naturopathic Physicians, went on record in support.

Todd Schlamper, Naturopathic Physician, went on record in support.

P.J. Hennessy, M.D., self, submitted written testimony. **EXHIBIT 8**

Dr. Russell, M. Jaffe, M.D., self, submitted written testimony. **EXHIBIT 9**

Opponents' Testimony:

Jerry Loendorf, Montana Medical Association stated that the issues are fundamental. The health care license applies to one that proposes service, frequent or whatever, to the public. The State of Montana has never told a person to go to a naturopathic

physician and that it will work. The difference between going to a naturopathic physician as opposed to a licensed health care professional is that the Legislature has approved the licensed health care professional.

Edward Bergin, Montana Medical Association, Montana/Wyoming Chapter, stated that the advances brought forth by the practice of medicine have been sometimes overwhelming. Naturopathic physicians have not been through the same curriculum as physicians of a school of medicine. This is not a turf battle, but he feels naturopathic physicians are not qualified to be treating people the way they do.

Bonnie Tippy, Montana Chiropractic Association, went on record in opposition.

Steve Browning, Montana Hospital Association, went on record in opposition.

Cindy Lewis, Montana Dietetic Association, submitted written testimony. **EXHIBIT 10**

Dr. Garrett Dale, Department of Justice, State Medical Examiners, went on record in opposition.

James Ahrens, President, Montana Hospital Association, submitted written testimony. **EXHIBIT 11**

Roger Tippy, Montana Pharmaceutical Association, went on record in opposition. **EXHIBIT 12**

R.D. Marks, M.D., self, submitted written testimony. **EXHIBIT 13**

Questions From Committee Members:

REP. CROMLEY asked how would this bill protect the status of the naturopaths. **Mr. Leondorf** stated that he cannot say that it will. They will continue to practice as they are now. All the bill says is that the state approves.

REP. CROMLEY asked if there has been any attempt by organizations to keep naturopaths from practicing. **Mr. Leondorf** stated none that he knows of.

REP. LEE asked Mr. Dale what experience he has had with naturopaths. **Mr. Dale** stated that he was doing an autopsy on a patient and the family members asked him if the patient had cancer. He said that the patient didn't have cancer. The patient's family said that a naturopathic physician had been treating this patient for cancer. This naturopathic physician was misapplying a test and using it to monitor the patient for what the naturopathic physician had misdiagnosed for four years as her having cancer.

REP. BROWN asked what is the purpose of the amendments. **Mr. Tippy** stated that all legend drugs, in which the FDA requires dispensed upon the prescription of a physician or other provider such as veterinarian, not be within the scope of naturopathic practice of legend drug prescribing and dispensing. The dispensing of drugs is regulated in the courts under very restrictive guidelines.

REP. BROWN asked for his response to the amendment presented. **Mr. Bergkamp** stated that the naturopathic physicians had developed language with the Pharmacy Board on this matter. They took out antibiotics. All that remains in this bill that one would call a legend drug is whole gland thyroid.

Dr. Aagenas stated that naturopaths are practicing primary care medicine and they believe there must be minimum standards applied to what they do. They complete a minimum of four professional curriculums and minimum testing standards before calling themselves naturopathic doctors. They are not trying to restrict anyone's scope of practice, nor say that they want their scope of practice defined.

REP. JOHNSON asked if they are qualified to be licensed under the current Montana law or could be licensed under another board if they so choose. **Dr. Aagenas** stated that she is licensed as an acupuncturist by the Board of Medical Examiners. Her training in oriental medicine and acupuncture is two to three years over and above her six years in naturopathic medicine. Her colleagues are not acupuncturists and do not have the medical scope of practice that she and Dr. Bergkamp do.

REP. JOHNSON asked what will happen to the naturopathic physician that diagnosed the patient as having cancer for four years before she died. **Dr. Dale** stated that he contacted the Board of Medical Examiners. They said that naturopathic physicians are not licensed and there wasn't much they could do.

REP. J. RICE asked about the provision dealing with childbirth, on page 5, subsection 8. It defines naturopathic childbirth dependents in minor form by the described antibiotics and emergency medicines of minor surgery. **Dr. Bergkamp** stated there are state laws that require of a prophylactic application of an antibiotic in certain diseases. Natural childbirth is a serious form of health care.

REP. J. RICE asked if that included episiotomy. **Dr. Bergkamp** said no.

REP. J. RICE referred to page 9, section 7, where it states that a naturopathic physician may not practice naturopathic childbirth until certified. Then it states the requirements are that a person must attend 50 childbirths and in 25 of them must be the primary birth attendant. **Dr. Dunn** stated they must have residency for nine months, supervised by licensed physicians and

a team of practitioners. At the point when that person is being graded, he functions as the primary care provider, he is then identified and essentially can sign the birth certificate.

REP. MESSMORE asked if naturopaths can immunize children. **Dr. Aagenas** stated that she does not immunize children, she refers them to a medical doctor.

REP. TUNBY asked if she actively promotes immunization. **Dr. Aagenas** stated that they operate under the policy to inform the parent so the parent can make the decision. She actively provides information on immunization.

REP. TUNBY asked if she refers patients to medical doctors. **Dr. Aagenas** stated that she couldn't practice without referring patients to medical doctors.

REP. CROMLEY stated that there are two colleges offering degrees in Naturopathic Medicine, do other colleges in the country offer courses in Naturopathic Medicine. **Dr. Bergkamp** said there are only two colleges that have accreditation status by the Department of Education.

REP. LEE asked what is included on the bottom of page 3, line 24, where operative methods for the surgical repair. **Dr. Bergkamp** stated that operative and electrical are considered the very instruments that we are talking about. A suturing needle would come under that qualification, one treatment that some Naturopaths do to control bleeding. They are very superficial.

REP. JOHNSON asked if there were an allied health care board, would this group be willing to be licensed under that proposal. **Dr. Aagenas** stated they are willing to write coordination and instruction into this bill.

REP. BOHARSKI asked what a legend drug is and if oxytocin was one. **Dr. Dunn** stated that a legend drug is one protected by law and yes, oxytocin is.

REP. LEE asked what amount of class time was devoted to spinal manipulation. **Dr. Bergkamp** stated he had a minimum of 200 hours which did not include the clinical application. **Dr. Dave Gray** stated that 2,018 clinical hours are required. Between 600 to 800 hours of the 2000 is on chiropractic manipulative techniques. This varies from school to school.

Closing by Sponsor:

SEN. HALLIGAN stated that the Naturopaths need to be licensed, otherwise the public will not be protected. If he didn't feel there was a scientific foundation or that the education wasn't there he wouldn't be here.

HEARING ON HB 429

EXHIBIT 2
DATE 2-6-91
SB 666

HYPERTENSION

DIAGNOSTIC SUMMARY

* Typically asymptomatic patient with a repeatable blood pressure reading of greater than 150/90 mm Hg
* Patients with acute severe hypertension (diastolic >150 mm Hg) or with somewhat lower pressures but with symptoms of headache, visual disturbance, somnolence, or other "crisis" symptoms must be hospitalized and treated on an emergency basis with parenteral hypotensive drugs.

GENERAL CONSIDERATIONS

According to standard medical thought, hypertension is divided into two categories: primary or essential hypertension and secondary hypertension. As evidenced in Table 1, 92-94% of all diagnosed hypertension is termed essential, i.e., the underlying mechanism is unknown. It is believed that a combination of genetic and environmental factors is responsible for the condition (Couldn't this be stated for all conditions?). Although behavior patterns and stress play an important part, hypertension is closely related to dietary factors.

Table 1. Causes of Hypertension

Essential Hypertension	92-94%
Renal Hypertension:	
Parenchymal	2-3
Renovascular	1-2
Endocrine Hypertension:	
Primary Aldosteronism	0.3
Cushing's Syndrome	<0.1
Pheochromocytoma	<0.1
Oral Contraceptive induced	2-4
Miscellaneous	0.2

Hypertension is another of the many diseases or syndromes associated with the Western diet, and is found almost entirely in developed countries. People living in remote areas of China, the Solomon Islands, New Guinea, Panama, Brazil, and Africa show virtually no evidence of essential hypertension, nor do they experience a rise in blood pressure with advancing age.[1,2] Furthermore, when racially identical members of these societies migrate to less remote areas and adopt a more "civilized" diet the incidence of hypertension increases dramatically.[1,2]

The prevalence of hypertension (BP >160/95 mm HG) in the U.S. is estimated at 20% in the adult white population and 30% in black adults. These values are nearly doubled if the reading of 140/90 mm Hg is considered the upper limit of normal.

Since hypertension is associated with an increase in cardiovascular morbidity and mortality, monitoring blood pressure offers an invaluable noninvasive diagnostic and prognostic aid. Table 2 indicates some factors associated with an adverse prognosis in hypertension. Although clinicians are primarily concerned with diastolic pressure, systolic pressure is also an important factor. Males with a normal diastolic pressure (<82 mm Hg) but elevated systolic pressure (>158 mm Hg) have a 2½ fold increase in their cardiovascular mortality rates when compared .with to normotensives with normal systolic pressures (<130 mm Hg).

Table 2. Factors Indicating an Adverse Prognosis

Black racial background
Youth
Male
Persistent diastolic pressure >115 mm Hg
Smoking
Diabetes mellitus
Hypercholesterolemia
Obesity
Evidence of end-organ damage:
Cardiac:
Cardiac enlargement
ECG indications of ischemia or left Ventricular strain
Myocardial infarction
Congestive heart failure
Ophthalmological:
Retinal exudates and hemorrhages
Papilledema
Renal: Impaired renal function
Nervous system: Cerebrovascular accident

THERAPEUTIC CONSIDERATIONS

Many dietary factors have been shown to correlate with blood pressure: sodium to potassium ratio, percentage of polyunsaturated fatty acids, fiber and magnesium content, and levels of simple carbohydrates, total fats, and cholesterol.

Diet ★

Sodium and Potassium: The role of a high sodium-low potassium intake in the pathogenesis

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of essential hypertension has been considered extensively and conclusively.[1,2,39] Excessive consumption of dietary sodium chloride, coupled with diminished dietary potassium, induces an increase in extracellular fluid volume and an impairment of blood pressure regulating mechanisms. This results in hypertension in susceptible individuals.

Evolution has provided powerful mechanisms for conserving sodium and eliminating potassium, but there is no corresponding efficient mechanism for conserving potassium or eliminating excess sodium. Of the many feed-back loops regulating blood pressure, at least four are influenced beneficially by sodium restriction and high potassium intake: (1) the renin-angiotensin system, (2) the aldosterone system, (3) the sympathetic nervous system, and (4) the baro-receptor reflex.[9]

A high potassium-low sodium diet reduces the rise in blood pressure during mental stress, reduces the pressor effect of exogenous noradrenalin, and reduces the extracellular fluid volume, thus allowing the normal feedback mechanisms to function more effectively.[9] Sodium restriction alone does not improve baroreceptor function, it must be accompanied by a high potassium intake.[9] This combined approach also improves patient compliance, since it includes many foods that do not warrant salting. (See appendix A:Sodium Potassium Content of Foods for a list of foods with a favorable sodium to potassium ratio).

In general, hypertensives consume higher levels of salt than normotensives. This results in an elevated salt taste threshold (a positive feedback cycle) which returns to normal after long-term sodium restriction.[3] As public consciousness of the harmful effects of excess sodium has risen, consumer purchases of table salt have decreased.[1] Unfortunately, the salt content of processed and prepared foods has also risen.[1] It is therefore important to properly educate the patient about the "hidden salt" in prepared food and condiments.

Substituting potassium chloride for sodium chloride may have therapeutic effects. However, many of the "salt substitutes" still contain up to 50% sodium chloride; and there is experimental evidence suggesting that chloride consumed concomitantly with sodium is the necessary factor in salt sensitive individuals' hypertensive response.[14] When compared with non-vegetarians, vegetarians generally have lower blood pressure levels and a lower incidence of hypertension and other cardiovascular diseases. Dietary levels of sodium do not differ significantly between these two groups. However, a typical vegetarian's diet contains more potassium,[4] complex carbohydrates, polyunsaturated fat, fiber, calcium, magnesium, vitamin C, and vitamin A.[40]

Fantus Test: This simple office procedure is useful for estimating daily dietary intake of sodium chloride, and can be used to monitor patients' efforts to control salt intake. See Chapter II:Fantus Test for a full discussion of its application.

Fiber: The lack of dietary fiber, as mentioned in other chapters, is a common underlying factor in many diseases of "Western civilization". The high-fiber diet has been shown to be effective in preventing many forms of cardiovascular disease. As even mild hypertension is associated with an increased risk of cardiovascular disease, the therapeutic regime outlined for the prevention of atherosclerosis is indicated in treating hypertension.

Essential Fatty Acids: Increasing dietary linoleic acid has a profound hypotensive action in man.[7,8] This is due to normalization of the E series prostaglandins which are known to be decreased in hypertensive patients.[7,8] This simple dietary effect is prevented by aspirin and other cyclo-oxygenase inhibitors, implying that use of these types of agents is contraindicated in hypertensive individuals.[8]

Sucrose: Sucrose elevates blood pressure. Mechanisms which have been proposed to explain this include: (1) increased sodium retention, (2) increased aldosterone secretion, (3) elevated insulin levels, and (4) increased catecholamine secretion.[13] The most plausible of these appears to involve increased catecholamine production resulting in increased sympathetic tone and increased sodium retention.

Calcium and Magnesium: Epidemiological data reveals that hypertensives consume less daily calcium than normotensives and may benefit from calcium supplementation.[11] Calcium supplementation also reduces blood pressure in young normotensives.[10] In a double blind study, 1,000 mg/d has been shown to lower blood pressure by 7 mm Hg in hypertensives.[45] This appears to be somewhat of a contradic-

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tion, since it is well known that calcium channel blockers decrease intracellular calcium levels and are hypotensive agents. However, *in vitro* studies indicate that calcium itself is a specific inhibitor of calcium channels.[15] It is possible that this effect occurs *in vivo* as well.

Magnesium may be a more important factor in lowering blood pressure. It is well known that magnesium sulphate is effective in the treatment of eclampsia and that, as a divalent cation, it competes with and antagonizes calcium. Magnesium is regarded as "Nature's physiologic calcium channel blocker."[42] It was first recommended as a therapy for malignant hypertension as early as 1925.[43]

An intracellular deficiency of free magnesium is a major etiological factor in hypertension, as its levels are consistently low in hypertensives as compared with normotensives, and they show an inverse correlation with blood pressure.[43] In one double-blind clinical study, magnesium supplementation lowered blood pressure by 12/8 mm Hg in 19 of 20 subjects in the experimental group, compared to 0/4 in the placebo group.[44]

Ascorbic Acid: There is an inverse relationship between serum vitamin C levels and blood pressure in hypertensive men.[41] Whether this is due to better dietary habits or a hypotensive effect of vitamin C has yet to be determined.

Lifestyle and Environmental Factors

Caffeine: The effects of long-term caffeine consumption on blood pressure have not yet been unequivocally determined.[31] Short-term studies consistently show elevation in blood pressure in both normotensive and hypertensive individuals which usually normalize after a few days. One large study (6,321 adults) demonstrated a small but statistically significant elevation in blood pressure (2.5/0.6) when comparing those who drank five or more cups a day to non-coffee drinkers.[49]

Alcohol: Even moderate amounts of alcohol produce acute hypertension in some patients via increased catecholamine secretion.[37,47] Chronic ingestion is one of the strongest predictors (sodium consumption being the other) of blood pressure.[37,38]

Smoking: That cigarette smoking is a contributing factor to hypertension is well known. It is not as well known that smokeless tobacco, i.e., snuff, chewing tobacco, and plug, also induces hypertension via its nicotine and sodium content.[32,48] Smoking is also positively associated with increased sugar, alcohol and caffeine consumption.[33] The pressor response to nicotine is due to its adrenal stimulation, which results in increased catecholamine secretion.[34] Furthermore, cigarette smokers are known to have higher concentrations of lead and cadmium and lower concentrations of ascorbic acid than nonsmokers.[35]

Weight and Hypertension: Epidemiological and clinical studies have repeatedly demonstrated that obesity is a major factor in hypertension.[18] Possible mechanisms include: (1) elevated cardiac output, (2) increased body sodium due to hyperinsulinemia or abnormal aldosterone/renin relationships, and (3) neuroendocrine abnormalities due to increased noradrenergic activity or opiate suppression. Weight reduction reduces blood pressure in normotensive, hypotensive and hypertensive individuals. Weight reduction should be a primary therapeutic goal for decreasing hypertension in obese patients, and may contribute to the management of moderately overweight hypertensives.

Heavy Metals: Chronic exposure to lead from environmental sources, including drinking water, is associated with increased cardiovascular mortality. Elevated blood lead levels have been found in a significant number of male hypertensives.[12,46] Areas with a soft water supply have an increased plumbosolvency due to the acidity of the water, and people living in these areas may be predisposed to hypertension. It should be noted that soft water is also, of course, low in calcium and magnesium.[12]

Cadmium has also been shown to induce hypertension, with untreated hypertensives showing blood cadmium levels three to four times those in matched normotensives.[16] Zinc has been shown to effectively reverse cadmium induced experimental hypertension in rats.[17] Zinc may also be indicated as a supplement in essential hypertension due to its inhibition of calcium activated calmodulin[22].

Stress Reduction Techniques: Relaxation techniques such as biofeedback, autogenics, transcendental meditation, yoga, progressive muscle relaxation, and hypnosis have been shown to have some value in lowering blood pressure.[20]

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Exercise: Exercise is strongly indicated since it reduces both stress and blood pressure.[31] The exercise program should, of course, be carefully designed, taking into consideration the patient's needs and cardiovascular condition.

Botanical Medicines

An extensive review article by Petkov[22] is the major source of the following information concerning the hypotensive and coronary-dilating effect of medicinal plants which have been used historically as anti-hypertensive agents. He studied 80 plants belonging to 31 families used in various types of extracts (a total of 235 different extracts were investigated). Considerable attention was given to isolating the main active constituent of each herb, but as Petkov states, "The healing effect is produced not only by one or another of its components, but by the whole complex of biologically active substances contained in the plant." Following is a brief discussion of some major anti-hypertensive botanicals and an abbreviated list of other herbs with confirmed hypotensive action. Interested readers are encouraged to study Petkov's admirable review.

Allium Sativa: Garlic has been used by all peoples of the world as a valuable medicinal agent for a wide variety of illnesses. Although most recent research has focused on its hypolipidemic effects,[23] garlic has been shown to have hypotensive qualities.[22,24] In humans, garlic has been shown to decrease the systolic pressure by 20-30 mm Hg and the diastolic by 10-20 mm Hg.[22] Other members of the allium family have hypotensive effects, with aged extracts of *Allium ursinum* being the most potent.[22] The pharmaceutical mechanism of garlic's hypotensive effect is related to its cholinomimetic and hypolipidemic properties.[22]

Viscum Album: Misletoe contains many constituents with strong biological activity (viscotoxin, viscerin, alpha and beta viscol, oleanolic and ursolic acid, choline, tyramine, and quebrachine, to name but a few). The hypotensive action of misletoe is due primarily to its inhibitory action on the vasomotor center in the medulla oblongata, although it does possess cholinomimetic activity.[22]

Olea Europaea: Olive leaves contain oleuropein, an iridoid, that exerts a complex pharmacological action (both central and peripheral) to reduce hypertension, dilate coronary vessels, and act as an anti-arrhythmic agent.[22]

Valerian Officinalis: Like olive, valarian contains iridoids (valepotriates) that have coronary-dilating and anti-arrhythmic effects. Valerian is a useful agent in relieving neurotic states and producing sedation and therefore is useful in stress induced hypertension.[22]

Crataegus Oxycanthia: Hawthorne berry constituents include flavonoids, hyperoside, hyperine, ursolic and oleinic acids, chlorogenic, crategolic, acantholic and caffeic acids, choline, beta-sitosterol, saponins and volatile oils. Various flavonoids are considered the active constituents; and the flavonoid product, Crataemon, has been used as a cardiovascular agent in Europe for many years. Its healing properties are attributed to: (1) improvement of coronary blood supply by dilation of the coronary vessels, (2) improvement of metabolic processes within the myocardium resulting in improvement in functional heart activity, and (3) elimination of some forms of rhythm disturbances.[22] Hawthorne preparations are considered ideal phytotherapeutic preparations due to their absence of harmful side effects.[22]

Various dihydropyranocoumarins and dihydrofuranocoumarins isolated from Umbelliferous plants are known to exhibit spasmolitic and coronary vasodilatory activity.[25] Species of interest include *Peucedanum arenarium*, *Rutaceae*, *Pastinacea sativa*, *Leptotania dissectum* and *Amni visnaga*. The pharmacological effects are related to cAMP-phosphodiesterase-inhibitory and calcium channel-blocking properties.[25] The sum of furanocoumarins (peucordin) from *Peucedanum arenarium* produces a coronary dilatory effect analogous to Crataemon and a much greater effect than oleuropein and valepotriate.[22] Umbelliferous plants also demonstrate hypotensive effects and many antihypertensive drug preparations in Europe are derived from these plants.[22]

Vinca Minor: Periwinkle belongs to the family *Apocynaceae*, which contains many valuable alkaloid-containing genera such as *Aspidosperma*, *Alsotonia*, *Picralima*, and *Rauwolfia*. Vincamin, an indole derivative constituent of *Vinca minor*, has coronary dilatory and hypotensive action. Central ganglion blocking and

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peripheral vascular mechanisms underlie its hypotensive action.[22]

Rauwolfia Serpentina: Although used primarily as a universal sedative, *Rauwolfia* has been the source of over 20 alkaloids with a wide spectrum of pharmacologic actions. The basic alkaloid, reserpine, depletes catecholamine and serotonin stores in many organs, including the brain, heart, blood vessels, and adrenal medulla. Within one hour after ingestion, catecholamines are decreased, with maximal depletion at 24 hours. Alkaloids are not the only hypotensive constituents in *Rauwolfia* since alkaloid-free extracts exhibit hypotensive action. The use of the whole plant is advocated as a possible protective measure against known reserpine side effects (primarily depression). The use of *Rauwolfia* is indicated only in severe hypertension and should not be used in patients with a history of depression.[22]

Veratrum Viride: *Hellebore*, like *Rauwolfia*, should only be used in extreme cases. The mode of action of veratrum alkaloids is via vagal stimulation, resulting in a narrow therapeutic range. It is difficult to use, with side effects including respiratory depression, nausea, and vomiting.[22]

Other herbs with confirmed hypotensive action include: *Symphytum officinale* (comfrey root), *Geranium macrorrhizum*, *Fumaria officinalis*, *Astragalus species*, *Dioscorea caucasia*, *Verbascum* (mullein), *Scutellarea lateriifolia* (skull cap), *Magnolia grandifloria*,[22] *Gardenia florida*,[29] *Terminalia arjuna*,[26] and *Tetrapleura tetraptera*.[27]

Miscellaneous Factors

Food allergies have been shown to cause hypertension.[19]

Hypothyroidism is often a cause of secondary hypertension and is easily controlled with thyroid replacement therapy.[21]

An **atrial protein** has been shown to be a potent renal vasodilator.[28] The consumption of bovine atrial extract or a meal of bovine atria may allow for absorption of segments of this peptide with biological activity.

Bovine **renal extract** has also been shown to possess antipressor effects, i.e., it appears to diminish renin's pressor effect in animals and hypertensive human subjects.[36]

THERAPEUTIC APPROACH

Effective control of this complex and multifactorial disease requires careful evaluation and management of the hypertensive patient. Although a "cookbook" approach can be taken, determination of each patient's specific causes and needs greatly improves the quality of care.

The first step is to establish that the patient's hypertension is, in fact, essential and not secondary to one of the diseases listed in Table 1. Next, determine (as illustrated in the diagnostic differentiation flowchart below) if any factor known to be associated with hypertension is present in the patient. Third, assist the patient in changing his/her diet and lifestyle to one which is more conducive to good cardiovascular health. And finally, if necessary, a botanical agent may be used to temporarily reduce the patient's blood pressure while the more long-term therapies take effect.

Therapeutic Differentiation:

Hair analysis-(high Pb or Cd)->
find & eliminate source, chelate (see IV:Environmental Toxins)

I use a MD research Lab in Chicago DOCTORS DATA

Smoker -(+)-> assist in stopping (Avenna sativa - 3x/d)

Diabetes mellitus -(+)-> see VI:Diabetes Mellitus

Hypercholesterolemia -(+)-> see VI:Western Diet

Obese -(+)-> weight reduction (chapter VI:Obesity)

Salt intake -(high)->
salt restriction <3g/d & potassium supplement - 1g/d (monitor with Fantus Test)

Dietary fiber -(low)-> fiber supplement 10g/d

Water supply -(soft)->
calcium - 800mg/d; magnesium - 800mg/d

Holmes Stress Test -(+)-> stress reduction

Food allergy -(+)-> see IV:Food Allergy

Diet: The diet should be formulated to ensure that a normal weight is established and maintained. Sugar (<50g/d) and salt intake (<2g/d) should be restricted, while the consumption of foods rich in potassium (>7g/d) (see Appendix A:Sodium and Potassium Content of Foods), calcium (>1g/d), magnesium (1g/d), and fiber (10g/d) should be encouraged. In addition, a low-total fat (with moderate levels of linoleic acid), vegetarian, or vegetarian-like diet can be recommended. Garlic and other members of the onion family should be freely consumed.

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Supplements:

Potassium - as needed to total 7 g/d
Calcium - as needed to total 1.5 g/d
Magnesium - as needed to total 1g/d
Fiber - as needed to total 10g/d (oat bran preferred)
Garlic - 1 clove 3x/d (or the equivalent)

Exercise: 30 minutes 3x/wk (modify according to cardiovascular and musculoskeletal needs)

Psychological: Most patients will benefit to some degree from some type of stress reduction technique. The particular methodology utilized should depend on the patient's acceptance.

Botanical Medicines:

Equal parts of the fluid extracts of *Valerian*, *Viscum album*, and *Crataegus* - 20-40 drops 4-6 times a day until diastolic pressure is below 110 mm Hg.
Crataegus oxycanthia - ½ tsp 4x/d

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Is Naturopathic Medicine Scientific?

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by Paul Bergner

Critics of naturopathic medicine often contend that it is not scientific, is untested and unproven, is ideologically opposed to science, and is therefore not reliable. Where expert and objective bodies of scientists, educators, or regulators have examined this question, however, they have concluded that naturopathic medicine, as practiced by the licensable professionals in the U.S., in fact has a scientific basis, albeit different from that of orthodox medicine.

In 1977, the government of the Netherlands appointed a committee of scientists and physicians to study the question of regulation of alternative medicine, including naturopathic medicine. After four years of evaluating the scientific basis of the alternative disciplines, the committee concluded:

"The commission believes that the division between alternative and orthodox medicine is not of a scientific nature, but owes its origin and its continued existence to both politico-social and scientific factors."

The report continues: "Alternative medicine (specifically including naturopathic medicine and homeopathy) is such an important factor in health care in the Netherlands, both from a qualitative and quantitative point of view, that government policy cannot disregard it." The commission recommended that information on alternative therapies be taught in conventional medical schools, that the government support alternative teaching institutions financially and fund research into alternative therapies, and that insurance reimbursement be mandatory for naturopathic and homeopathic medicine. The commission also drew a clear distinction between the practice of alternative systems of medicine and charlatanry.

In studying the scientific basis of naturopathic medical education, the Oregon Office of Educational Policy and Planning (OEPP), which is responsible for regulating academic degrees in Oregon, tested the quality of the board examinations in that state. In a letter to the National Council Against Health Fraud, OEPP Administrator David Young describes the evaluation thus:

> *...we had 17 sections of the state (naturopathic medical board) examinations subjected to a blind review by 17 specialists: senior clinical and basic science faculty at a conventional school of medicine. Their evaluations showed that it would not be possible for an individual to pass all of the tests—which is necessary for licensure—without having a comprehensive foundation in the biological and biomedical sciences...In other words...[a naturopathic medical college] has no choice but to prepare NDs with a biological and biomedical education of the same breadth and depth that prepares an MD to be a primary care physician. Naturopathic medicine, under state regulation in Oregon, diverges from other forms of primary medical care at that point where professionals in common possession of scientific facts conscientiously disagree on how best to use their shared knowledge in treating patients.*

The regional accrediting body in the Pacific Northwest reached a similar conclusion after evaluating the naturopathic program at Bastyr College in Seattle in 1987. Their evaluation committee report of May 13-14, 1987 states: "Bastyr College's philosophic adherence to building its curriculum on a solid foundation of science and scientific understanding is commendable and lends additional credibility not only to the institution but also the profession."

Researchers who have reviewed the scientific basis of naturopathic medicine have had no problem in finding peer reviewed journal articles that support naturopathic methods. One text which surveyed the scientific basis for about 100 naturopathic procedures and treatments found more than 4,000 scientific references to support those methods.

A study done at the University of Minnesota Medical School, and funded in part by the Minnesota Medical Foundation, did a brief survey of the scientific background to naturopathic medicine in the U.S. and produced more than 148 scientific references supporting naturopathic practice. The report stated that, although definitive clinical trials were generally lacking for naturopathic methods, suggestive scientific studies and scientific rationales were available for many naturopathic practices. The report suggested further study and concluded that the naturopathic approach has value for certain types of patients.

In each of the three main areas of medicine — diagnosis, prevention, and treatment — naturopathic medicine has a scientific foundation.

Naturopathic physicians use the same methods of clinical, physical and laboratory diagnosis as conventional general practitioners, as shown by the Oregon board examinations mentioned above. These may be supplemented by less quantifiable naturopathic methods, which attempt to assess such nebulous but highly important areas such as the patient's vitality, the underlying susceptibility to disease, or subclinical weaknesses in systems. In the area of prevention, naturopathic physicians utilize the same body of knowledge as an MD in judging the course a disease may be expected to take. They are trained to give immunizations when allowed by law. Like any general practitioner, they are trained to make referrals to MD specialists or other health care professionals when appropriate. Most important, naturopathic physicians are highly trained in clinical nutrition and lifestyle modification for the prevention of disease. In these areas, which are thoroughly supported by science, naturopathic physicians are better trained than MD general practitioners (the majority of whom have not taken a single course in nutrition), family practice specialists, or registered dietitians. Naturopathic physicians are the only primary care medical professionals in the U.S. meeting the recommendations of the Surgeon General for education in nutrition and dietary counseling.

Certain naturopathic treatment methods are well supported by conventional science. The most important of these is clinical nutrition. The 1988 Surgeon General's report on nutrition and health specifically called for improved education of health care

"Naturopathic physicians are the only primary care medical professionals in the U.S. meeting the recommendations of the Surgeon General for education in nutrition and dietary counseling."

professionals in therapeutic nutrition. Such treatments are supported by a large body of scientific knowledge, reflected in a number of scientific journals devoted specifically to that subject. Other naturopathic therapeutic methods, such as exercise therapy, physiotherapy, and manipulation for musculoskeletal problems are also well supported by science.

Although some parts of naturopathic medicine are the subject of scientific controversy and investigation, those therapeutic practices which have been retained in the evolution of naturopathic medicine in the U.S. in this century have some scientific basis. Homeopathy, for instance, has at least twenty controlled studies, including several double-blind, placebo-controlled clinical trials, showing the effectiveness of microdoses of substances. Oriental medicine also has extensive descriptive and uncontrolled trials which suggest effectiveness. Most such practices are in fact accepted in other countries, such as Germany, France, and England, and are practiced there by conventional scientifically-trained MDs.

Note that many conventional medical procedures routinely administered throughout the U.S. likewise lack definitive proof of clinical effectiveness. Some have actually been proven to be unsafe or to lack effect, but remain in use. The coronary bypass operation, for instance, has been scientifically proven to be neither safe nor efficacious for about half the people it is performed on, but the inappropriate use continues unabated. The Congressional Office of Technology Assessment cites research showing that only 10-20% of medical procedures (as opposed to drugs) have been proven safe and efficacious by controlled studies. There is in fact no requirement that any surgical procedure be proven safe or efficacious before it is performed in the U.S.

Naturopathic methods will benefit from more formal study for many of the same reasons that the 80-90 percent of conventional procedures that have not been formally studied would benefit. Unfortunatley, only a small percentage of medical methods can be evaluated in a double-blind method. The value of bedrest, the effects of chemotherapy, splinting methods for broken bones, the surgical removal on an organ, or methods of suggestive or mental healing cannot be evaluated with the double-blind method. Medical traditions and bodies of clinical knowledge accumulated over centuries may not require extensive testing. In many cases the tools of one scientific paradigm are inappropriate to measure the outcomes of another. The scientific tools of analytical biochemistry are inappropriate to measure the outcomes of Jungian analysis; experimental clinical trials are inappropriate for the science of ecology. Naturopathic healing sciences contain, in addition to some material overlapping with conventional medicine, elements resembling those of ecology and Jungian psychology which require a different kind of tool to measure outcomes.

Political, sociological and economic reasons also effect the level of research done into naturopathic methods. Priorities for research, whether private, corporate, or public, are usually determined by members of the conventional medical profession who are unfamiliar with and uninterested in naturopathic methods. Corporations are unlikely to fund research because naturopathic methods are generally not patentable, and offer no chance to recoup research and development costs. Furthermore, most of the standards of modern medical science have grown up around the need to evaluate NEW methods, and those with a high inherent potential to do harm. Proving the safety and efficacy of an entirely new drug or procedure takes a much higher priority in the scientific community than evaluating well-established traditional methods without the potential for life-threatening side effects. Only relatively recently, with rising incidence of chronic degenerative disease and spiraling medical costs, have university and government researchers begun to assess traditional naturopathic methods such as diet and lifestyle modification. Where such research exists, the clear trend is to confirm the validity of naturopathic practice.

Above all, naturopathic medicine is not "anti-science" as some critics would claim. The modern profession contains in microcosm most of the elements of the scientific medical establishment. Controlled studies are done at the naturopathic colleges; students are taught how to read and interpret the peer reviewed scientific literature; scientific materials are taught in the curriculum; some naturopathic physicians devote themselves primarily to research; board examinations focus on scientific issues of protecting the public from harm; most doctors are subjected to peer review; and a scientific journal has been developed. These activities are not done on the scale of the research into conventional medicine, mainly because of the relative small size of the naturopathic profession, and problems of funding. The naturopathic involvement with science differs from that of conventional medicine in scale and emphasis, not in ideological opposition to science itself. ◆

References available on request.
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Naturopathic and Major Medical Schools

Comparative Curricula

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	National College of Naturopathic Medicine	Bastyr College (Naturopathic)	Johns Hopkins	Mayo	Yale	Stanford
Basic and Clinical Sciences including: Anatomy, Cell Biology, Physiology, Pathology, Neurosciences Clinical/ Physical Diagnosis, Histology, Genetics, Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Biostatistics, Epidemiology, Public Health, History, Philosophy, Ethics, Research and other coursework.	**2070**	**1891**	1794	1640	1457	1401
Clerkships* and Allopathic Therapeutics including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery**, Opthamology, and clinical electives.	**1974**	**1959**	3260	3080	2040 (+ thesis)	3840
Naturopathic Therapeutics including Botanical Medicine, Homeopathy, Oriental Medicine, Hydrotherapy, Naturopathic Manipulative Therapy.	**492**	**335**	0	0	0	0
Therapeutic Nutrition	**144**	**138**	17	elective	elective	elective
Counseling	**144**	**158**	0	0 (included under psychiatry above)	0	0
TOTALS	**4824**	**4481**	5071	4720	3497 (+ thesis)	5241

*Clerkships are estimated to be 40 hours per week of mixed lecture and clinical training.
**Naturopathic physicians study minor surgery only.

Sources: 1988 *Curriculum Directory* of the Association of American Medical Colleges; 1988 catalogues of National College of Naturopathic Medicine and Bastyr College

For Information or Referrals:
American Association of Naturopathic Physicians
P.O. Box 20386
Seattle, WA 98102
(206) 323-7610

December 17, 1990

MASTER
INSURANCE
TRUST

Administered by
Master
Administrative
Service, Inc.

Nancy Aagenes, N.D.
1820 Harrison
Butte, MT 59701

Re: Medical-Professional Liability Insurance--*Naturopathic Physicians*

Dear Dr. Aagenes,

As we discussed this morning over the phone, we are not able to provide coverage to naturopathic physicians in the state of Montana at this time because the state of Montana does not yet license naturopathic physicians. However, we have been placing this coverage, with very low loss experience I might add, for the past five years in the eight states where naturopathic medicine is currently licensed.

Because our experience has shown naturopathic medicine to be a preferred liability risk, we are interested in accommodating as many qualified naturopathic physicians as possible. We recently consulted with a member of the NPLEX board in an effort to analyze whether there would indeed be a possibility of offering coverage to those naturopathic physicians practicing in states where they are not yet able to be licensed. Our conclusion, however, was that we will need to wait until your state grants you licensure before you are insurable.

Let me reiterate how impressed we have been with our expereince with naturopathic medicine. Our parent organization is a specialty brokerage firm emphasizing group coverages for physicians & surgeons, clinics, and hospitals in all 50 states. Our clients total over 60,000 physicians. This experience enables us to judge our naturopathic "block of business" as a clearly superior liability risk. From a lay perspective, we attribute this largely to the non-invasiveness of naturopathic medicine, and the generally high quality physician/patient relationships that this type of medicine dictates.

Should you have any further questions, please do not hesitate to call. We also appreciate your efforts to keep us informed of your state's position toward naturopathic licensure.

Sincerely,

Jeffrey D. Brunken
Program Manager

JDB:jj

P.O. Box 23430
San Jose, CA 95153-23-
408-365-3799

Malpractice & the costs of defensive medicine. Malpractice Facts

• Malpractice costs the U.S. $28 billion a year in premiums and the costs of defensive medicine. This adds up to about $400,000 per physician (MD) in indirect costs.

• About one MD in five is sued for malpractice each year.

• Malpractice suits against naturopathic physicians are extremely rare. Master Insurance Trust reports that in a four-year history insuring about 50 licensed naturopathic physicians, only four incidents were reported, and nothing was paid in judgments or settlements.

• The low incidence of lawsuits creates a climate in which naturopathic physicians do not have to practice expensive defensive medicine.

Sources:
1. Joseph Califano. "Billions Blown on Health."
2. *New York Times*. April 12, 1989
3. The American Medical Association
4. The AANP.

Annual Malpractice Insurance Rates

Md General Practitioner	$ 7,000
Obstetrics/Gynecology	$23,000
Pediatrics	$ 4,800
Surgery	$18,000
Naturopathic Physician	$ 2,000

Note: Costs can vary widely from region to region
Sources: The American Medical Association; the AANP

More For Your Money

Naturopathic physicians spend more time with their patients— time well spent to uncover the causes of illness, help modify lifestyle, and prevent expensive chronic disease.

Average Minutes Per Procedure

	Medical Doctor (Family Practice)	Naturopathic Physician
New Patient		
Intermediate	9	40
Comprehensive	39	80
Established Patient		
Limited	12	22
Intermediate	18	33
Extensive	25	47

Sources:
Journal of the American Medical Association (260:16.2411)
Insurance Committee, Washington Association of Naturopathic Physicians.

5. Naturopathic physicians do not have to pass on high malpractice insurance charges to their patients. (see sidebar: "Malpractice Rates for Various Physicians.")

6. Naturopathic medicine does not lead to a high rate of iatrogenic (doctor-induced) disease. The costs of iatrogenic disease are significant, As many as a third of those admitted to the hospital will have an iatrogenic disease while there, resulting in a longer stay. About 2% of drug prescriptions result in adverse drug reaction requiring hospitalization. These reactions account for from 4-10% of all hospital admissions. One source suggests that adverse drug reactions alone add $5 billion annually to health costs in the U.S. Assuming that iatrogenic disease rates are directly proportional to malpractice rates, it is safe to say that naturopathic methods result in a low incidence of expensive iatrogenic disease.

7. Naturopathic medicine reduces the incidence of related and secondary illnesses by removing the cause of a disease. A child with otitis media, for instance, may have the ear problem treated symptomatically with antibiotics, but continue to get respiratory and other infections. Removing an offending food, or otherwise strengthening lowered resistance, can resolve the otitis media as well as the recurrent infections. Or an adult suffering from hypertension due to a sedentary lifestyle and poor diet may also have chronic constipation, hemorrhoids, and insomnia, all of which would be treated separately, with separate charges, by conventional medicine. But naturopathic treatments for hypertension methods can at the same time improve all the other effects of the sedentary lifestyle, for the charge of a single treatment.

8. When treating acute illness, naturopathic physicians also reduce the incidence and cost of long term chronic illness. Some naturopathic methods of treating acute disease are themselves preventive for long term disease. Strengthening of general resistance through diet and lifestyle modifications, counseling, and other naturopathic therapies can resolve an immediate problem while at the same time preventing future problems from arising.

9. Naturopathic physicians reduce the incidence of expensive chronic disease by treating general poor health even before a specific disease develops. One study shows that more than half of patients visiting an MD do not receive a diagnosis, yet feel sick. Without a diagnosis, the MD cannot give treatments, until the patient's health declines further and some diagnosable disease develops. Many unnecessary tests are performed on such patients, contributing nothing to their health. Naturopathic physicians, on the other hand, can prescribe general health building treatments and lifestyle modifications for such patients, reducing the incidence and costs of future chronic disease.

10. Naturopathic medicine is by nature time-intensive rather than procedure-intensive. The medical reimbursement structure in the U.S. pays the most for procedures and the least for patient interview,, examination, history-taking, counseling, and education. Naturopathic physicians spend from two to five times more time with a patient than does an MD, time spent in examination and counseling that can reduce long term illness and get at the real cause of disease. (see above sidebar: "More for your Money.") ◆

Toward Documenting the Cost-Effectiveness of Naturopathic Medicine

EXHIBIT 3
DATE 2-6-91
SB 666

by Paul Bergner

Editor's Note: For the past year, the Public Affairs Department of the AANP has been researching information on the cost-effectiveness of naturopathic medicine. We have compiled information on both costs and effectiveness and devised approaches to legislators and regulators, insurance companies, self-insuring corporations, the press and the public. We are now developing a series of information sheets and brochures which will help you, your patients and your state associations. Some will be available for the first time at the AANP Convention. With this issue, we have asked AANP consultant Paul Bergner, of Bergner Communications, to share some of this information with you. We invite your own insights and information to strengthen the case for cost savings and effective treatments of naturopathic medicine. If you have specific feedback, please contact Bergner Communications, PO Box 33080, Portland, OR 97233.

Ten Reasons Why Naturopathic Medicine Reduces Health Costs

1. Naturopathic physicians are trained and licensed to practice primary care medicine. Studies show that a primary care physician gatekeeper reduces the high costs of specialist medicine.

2. Naturopathic treatments are inherently less expensive than those likely to be recommended by a conventional physician, and many naturopathic treatments have no costs associated with them at all. This sentence is taken verbatim from the report of an insurance auditor for the State of Hawaii. The full report, which concludes that there is no evidence that naturopathic medicine increases health costs, is available from the AANP. The most common naturopathic treatments—clinical nutrition, lifestyle modification, homeopathy, botanical medicine, physiotherapy, and counseling—usually involve no more than the charge for a few office visits.

3. Naturopathic practice reduces the incidence of unnecessary surgical procedures. Naturopathic physicians support the legitimate use of surgery, but are unlikely to recommend it when it is not necessary. Government and industry cost-containment experts have isolated unnecessary medical procedures and tests as a major contributor to the unusually high cost of U.S. health care. Experts estimate that between 20% and 33% of surgical procedures performed in the U.S. are unnecessary or inappropriate. (See sidebar: "What the experts say about the incidence of expensive and unnecessary surgery in the U.S.") Naturopathic physicians are more likely than conventional doctors to explain non-surgical options to patients. When nutritional or other alternatives are available, naturopathic physicians are more likely to know about them than are conventional MDs, most of whom have never had a single course in therapeutic nutrition or behavioral counseling.

What some experts say about the incidence of expensive and unnecessary surgery in the U.S.

Government and industry cost-containment experts have isolated unnecessary medical procedures and tests as a major contributor to the costs of health care in the U.S.

Dr. Marsha Angell of the *New England Journal of Medicine*, for instance, states: "Much of medical care in this country is unnecessary, is of no demonstrated value to those who receive it, and some of it is harmful."

How much is "much" depends on who you ask. Joseph Califano Jr, former Secretary of Health, Education, and Welfare, who is now in charge of Chrysler corporation health benefits programs, suggests that at least 25% of surgical procedures are unnecessary, including "...half the coronary bypasses, most Caesarean sections, and a significant number of other procedures."Studies done for the insurance industry by the Santa Monica California based Rand corporation suggest that roughly one-third of the nation's health care dollars are being spent on ineffective or unproductive care that does not contribute to a patient's diagnosis or recovery.

These figures fit with the economic data; reducing medical procedures and tests by one-third would put our costs in line with those of other developed countries.

4. Naturopathic medicine reduces the incidence of unnecessary medical tests. Although fully trained in modern laboratory and other diagnosis, naturopathic physicians order fewer such tests than their conventional medical counterparts. Experts have estimated that about half the laboratory or other diagnostic tests ordered by MDs in the U.S. are inappropriate, and do not contribute to the diagnosis or treatment of the patient. The main reason for such tests is "defensive medicine," where a conventional doctor orders the test to protect against a possible lawsuit. This psychology is not a factor with naturopathic physicians, who are rarely sued. (see sidebar: "Malpractice and the costs of defensive medicine.)

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267 references.
American Journal of Med 12
Lancet 11
New England Journal of Med 13
Journal of American Med 9

Chapter 33

NUTRITION, HYPERTENSION AND KIDNEY DISEASES

Robert M. Kark
and
Joseph H. Oyama

The kidneys, particularly the proximal convolutions of the nephrons, are the guardians of the nutritional wealth of the body. Each day, for example, nearly 2 kg of ascorbic acid are filtered through the walls of the glomerular tufts into the lumen of the renal tubules and all but a few milligrams are returned to the blood stream. The excretion of ascorbic acid in the urine, like that of many other water-soluble nutrients, is said to be determined by its plasma level, the rate of glomerular filtration and the maximum rate of tubular reabsorption; of these functions, the latter is crucial in preventing urinary wastage of the vitamin.[1] The extraordinary reabsorptive capacity of the proximal convolutions of the tubules in both health and disease is one reason why measurement of the urinary output of the water-soluble vitamins is of little value in the diagnosis of the classic deficiency diseases. The efficiency of the proximal convolutions in defending the body against loss of such water-soluble substances as ascorbic acid, glucose, amino acids and other nutrients is more than matched by the lower reaches of the nephron which act to conserve water and electrolytes. Even in chronic renal disease or in diabetes insipidus, when large amounts of dilute urine are passed each day, there is little or no excessive loss of ascorbic acid, and clinical deficiencies of ascorbic acid, or of other water-soluble vitamins, must be extremely uncommon on the basis of renal wastage. Nevertheless, renal wastage of other nutrients does occur. Excessive urinary loss of water, electrolytes, calcium and phosphorus, as well as protein and amino acids, is present in many renal disorders.

Prevention and treatment of renal wastage of nutrients are one side of the coin the physician has to deal with; on the other side, he finds renal *retention* of nutrients and their toxic metabolic products. Elimination and control of bodily excesses of water, of water and sodium (edema), of potassium, phosphorus, chloride and protons, and of the nitrogenous- and sulfur-containing metabolites of protein are necessary functions of the kidney. In the face of altered function, dietary modification and medications are often necessary to maintain homeostatic balance. The widespread availability of dialysis devices for those with end-stage kidney failure imposes additional factors which can disturb the nutritional economy of the body.

STRUCTURE, FUNCTION AND METABOLIC ACTIVITIES OF THE KIDNEYS

The anatomy of the kidney is extraordinarily complex, particularly the intertwining of tubules and blood vessels. In 1843, Bowman clearly related filtration of plasma and secretion of urine to the intimate relationship of blood-filled glomeruli

limbs and early changes in the electrocardiogram). Exact diagnosis comes with measurement of serum potassium, but the degree of depletion is often difficult to assess and may require metabolism studies for exact knowledge.

For prevention and treatment, enteric-coated tablets of potassium chloride were commonly used. Because patients may get abdominal cramps from the hypertonic solution formed during fragmentation of the tablet in the gut or, as sometimes happens, because the tablets may cause dangerous bowel disease including bowel performance, we prefer a liquid formula.

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EXHIBIT 5
DATE 2-6-91
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February 6, 1991

Members of House Committee on Human Services and Aging
House Hearing; SB66 Naturopathic License

I am here today to testify in support of licensing the Naturopathic physicians.

My name is Allen Lefohn and I live in the Helena area. I am an active research scientist with a doctorate in chemistry. I have included a copy of my Resume. I am a scientist who specializes in theoretical research that focuses on the effects of acidic precipitation, ozone, and global change on the ecosystem. I have published approximately 70 peer-reviewed scientific articles and more than 80 technical reports. My research is published in journals around the world. I am presently an executive editor of the internationally acclaimed scientific journal, *Atmospheric Environment.*

As a scientist, I have been trained to carefully evaluate data and draw conclusions concerning cause and effect relationships. Science involves more than the implementation of complex laboratory experiments. Science involves an orderly method to solve problems, in which a recognized problem is subjected to thorough investigation, and the resulting facts and observations are analyzed, formulated into a hypothesis, and subjected to verification by means of experiments and further observations.

A key ingredient used in the scientific approach is observation. Observation provides us with the identification of a recognized problem. Observation serves as the focus for our creating the questions for which we seek rational answers. In many cases, scientific learning is advanced through the collection of what may appear to be unrelated observations. It is this collection of observations that provides a scientist with specific patterns of information that, in many cases, help explain cause and effect relationships. Once identified, these patterns of information can be used by the scientist to develop several working hypotheses that can be further tested.

Recognizing that science is the search for truth and is the knowledge of facts and laws arranged in an orderly system, I have been trained to continuously challenge the thoughts and ideas that are commonly accepted in my field of research. One of the major talents that a scientist must have is the ability to have an open mind, critically observe facts, and draw rational conclusions. I would like to take the time today to share with you some of my observations.

For the past 3 1/2 years, my wife has experienced Chronic Fatigue Syndrome, a disabling disease whose symptoms are similar to Mononucleosis, but which lasts from several years to a lifetime. During the early stages of her disease, she sought help from several medical professionals. It was readily apparent that conventional medical help did not exist, either for alleviating the symptoms of Chronic Fatigue Syndrome or helping the patient recover from the illness.

Fortunately, naturopathic medicine was available. Over those 3 1/2 years, I have SB 6e4 seen my wife travel through the many stages associated with Chronic Fatigue Syndrome. With the help of Dr. Michael Bergkamp, a local naturopathic doctor, each new symptom or group of symptoms has been treated effectively. More importantly, herbal and homeopathic medicine, nutritional approaches, and acupuncture have all helped strengthen her own immune system, allowing her to recover.

With my scientific curiosity piqued, I have read articles and books that describe the underlying principles associated with naturopathic medicine and believe those principles to be well founded. Many of the naturopathic principles are based on encouraging the body to help itself. For example, herbal remedies are used to stimulate various chemical processes in our bodies that protect us from disease. The Chinese, who started using herbs as medicines about 5,000 years ago, still successfully use herbal remedies in modern hospitals. Among the oldest herbal remedies are ginseng, ginkgo leaves, and garlic. Nearly 50% of all prescriptions issued by conventional physicians today contain one or more key drugs that are either directly derived from natural sources (i.e., herbs) or synthesized from natural models. Major drug manufacturers spend billions of dollars each year on drugs derived from plants. Digitalis, a drug used to treat congestive heart failure, comes from the foxglove plant.

It is my belief that many of the sophisticated medical approaches used by naturopaths complement and supplement the sophisticated surgical methods used by

western physicians. It is the meeting of the medical philosophies of the East and West, for the benefit of you and me, that will provide each of us with the choice of how best to allow our bodies to be healed from the many common and not-so-common ailments from which we may suffer.

As a scientist, besides having the opportunity to observe the effects of my wife's treatments for Chronic Fatigue Syndrome, I have observed similarly successful effects on myself during times when I have been a patient of Dr. Bergkamp. Approximately 16 months ago I found myself in the intensive care unit of St. Peter's hospital, suffering from an irregular heartbeat. Following several days of tests that yielded negative results, I was told to lose weight, work a little less than the average 18 hours a day, and exercise. Having left the hospital with the above recommendations, cardiac medication, and the results of my extensive medical tests, I chose to combine conventional and naturopathic medicine as I planned strategy for healing. I have explored ideas and approaches with Dr. Bergkamp for providing my body with the proper supplements and nutrients to support my running and biking activities and to optimize my overall health. Utilizing the suggestions he has made, I have remained off all cardiac medication, with my internist's approval, the past year and am healthier than I have been in 20 years.

I am thankful that naturopathic doctors were available to assist my wife and me. Naturopathic medicine complements the more conventional medical approaches that are presently used around the world. It is important that naturopathic doctors be provided

with the legislative tools to regulate themselves so that proper standards and practices can be achieved through peer review. I urge you to provide licensing to the naturopathic physicians so that their profession is regulated in a manner similar to any other medical profession.

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Allen S. Lefohn, Ph.D.
P.O. Box 196
Clancy, MT 59634

EXHIBIT 1
DATE 2-6-91
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MONTANA MEDICAL ASSOCIATION

2021 Eleventh Avenue • Helena, Montana 59601-4890
Telephone (406)443-4000 or In-State 1-800-MMA-WATS (662-9287)
FAX (406)443-4042

February 1, 1991
Friday

M E M O R A N D U M

TO: EACH MONTANA PHYSICIAN

FROM: G. BRIAN ZINS, EXECUTIVE VICE PRESIDENT

RE: SENATE BILL - 66, LICENSING NATUROPATHIC PHYSICIANS

Dear Doctor:

Senate Bill 66 will be heard by the House Committee on Human Services and Aging on Wednesday, February 6. The hearing will convene at the State Capitol Building, Room 312-2, at 3:00 p.m. Wednesday afternoon.

This Association strongly opposes licensure and/or recognition of this discipline. - this seems unfortunate in light of the WSMA on the back side of this letter

This bill has already passed the Senate with 34 in favor and 12 opposed (4 were excused).

Your presence, your letter or your telephone call in opposition ~~to~~ this bill is needed.

The members of the House Committee on Human Services and Aging are Representatives: Angela Russell, Chair, Lodge Grass; Tim Whalen, Vice Chair, Billings; William Boharski, Kalispell; Jan Brown, Helena; Brent Cromley, Billings; Tim Dowell, Kalispell; Patrick Galvin, Great Falls; Stella Jean Hansen, Missoula; Royal Johnson, Billings; Betty Lou Kasten, Brockway; Thomas Lee, Bigfork; Charlotte Messmore, Great Falls; Jim Rice, Helena; Sheila Rice, Great Falls; Wilbur Spring, Belgrade; Carolyn Squires, Missoula; Jessica Stickney, Miles City; Bill Strizich, Great Falls; and Rolph Tunby, Plevna.

Please address your correspondence to the representative(s), whether or not from your area, in care of the State Capitol, Helena, Montana 59620; you may telephone at 444-4800 or FAX to 444-4105. Your response to this request will materially assist in defeating this legislation.

Thank you and all best wishes.

EXHIBIT 6
DATE 2-6-91
SB 666

ALLEN S. LEFOHN

Education and Experience

1969 Ph.D. (physical chemistry: chemistry, mathematics, physics, infrared spectroscopy, engineering, and electronics), University of California, Berkeley.

1966 B.S. (chemistry), University of California, Los Angeles.

Dr. Lefohn is a respected scientist who is recognized for his work in assessing the effects of ozone, sulfur dioxide, and acid rain on the environment. His research is directed at better understanding (1) the quantification and relationship between pollutant exposure and naturally occurring processes and (2) the possible effects of air pollutants on the ecosystem. He was the lead author of the NAPAP State-of-Science paper: Air Quality Measurements and Characterizations for Vegetation Effects Research. His past responsibilities have included his participation as senior researcher for the EPA's National Crop Loss Assessment Network (NCLAN). In this capacity, he was responsible for characterizing ambient air quality data and comparing the information with data collected under experimental conditions. He is an Executive Editor of *Atmospheric Environment* and is an Adjunct Instructor of Environmental Engineering at Montana Tech in Butte, Montana.

Professional Accomplishments

1981-	A.S.L. & Associates, President and Founder.
1979-1981	International Research and Technology Corporation - Director, Rocky Mountain Office.
1978-1979	Environmental Protection Agency; Helena, Montana. Energy Coordinator - Montana Operations Office (Regional Office).
1976-1978	Environmental Protection Agency; Helena, Montana. Director, Montana Energy Operations Office.
1973-1976	Environmental Protection Agency; Corvallis, Oregon. Chief, Animal Ecology Branch, National Ecological Research Laboratory.
1971-1973	Environmental Protection Agency; Washington D.C. Physical Science Administrator, Special Projects Staff.
1971	Environmental Protection Agency; Research Triangle Park, North Carolina. Research Physical Chemist, Atmospheric Chemistry and Physics Laboratory.

WSMA
Washington State Medical Association

Governmental Affairs Office, 410 East 11th Avenue, Suite 210, P.O. Box 2376, Olympia, Washington 98507-2376
(206) 352-4848 1-800-562-4546

Rick L. Johnson, MD
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Edmund W. Gray, MD
Immediate Past President

Thomas D. Mahony, MD
Vice-President

Marvin R. Young, MD
Secretary-Treasurer

Thomas J. Curry
Executive Director

April 17, 1987

TO: Members of the Washington State Legislature

FROM: Ed Larsen, Director of Governmental Affairs

SUBJECT: Amendment H-3147/87 to SSB 5219 - the Naturopathic Practice Act

Draft amendment H-3147/87 to SSB 5219 is a comprehensive revision to the Naturopathic Practice Act. This revision is the product of extensive negotiations between the Washington State Medical Association and the Naturopaths. This substitute meets our concerns and with its adoption we no longer oppose passage of the naturopath's bill. We wish to thank the Naturopath's Association for their willingness to negotiate our differences in good faith and feel the end product is a workable, enforceable licensure act which defines a scope of practice for naturopaths which is in keeping with their education and professional preparation.

EL:pw

EXHIBIT 8
DATE 2-6-91
SB 66

p.j. hennessy, m.d.
243 NORTH AVE. EAST
MISSOULA, MT 59801
(406) 721-8849

Testimony for SB 66
House Human Services and Aging Committee
6 February 1991

I am a family physician with special training in public health. During my 15 years in primary care I have observed that the medications and therapy prescribed by allopathic doctors such as myself sometimes have significant untoward effects for some patients. These side effects require that the treatment be discontinued. Naturopathy uses homeopathic remedies. For some this is the only resort. The presence of this option serves to improve the health of those unable to use more customary regimens of medicine.

My impression after reading SB66 is that this piece of legislation will rigorously oversee and regulate the quality and performance of those seeking to practice naturopathy. I believe it is a strong protection for Montanans who choose this path of health care. I urge you to support it.

PHennessy MD

EXHIBIT 9
DATE 2-6-91
SB 66

Testimony of

Dr. Russell M. Jaffe, MD, PhD, FCAP (CP/CC), FASCP, FACN, FAIAIS

on behalf of **Senate Bill 66**, 52nd Montana Legislature

Madame Chairman and Senators of the Committee: It is my privilege to testify before you as a physician on behalf of this bill to license maturopathic doctors. First I would like to present my professional background and then support passage of this legislation as vital to the interests of Montana citizens.

Background on Dr. Jaffe: My medical schooling includes an MD (with honors) and a PhD (in Biochemistry and Medical Science) from Boston University Medical Center (BUMC) in 1972. After an Internship in Medicine done at University Hospital in Boston (BUMC's academic teaching hospital) I was awarded a United States Public Health Service Commission and was assigned to the Clinical Center of the National Institutes of Health (NIH) where a Residency in Clinical Pathology lead to Board certification in laboratory medicine in 1975 and to subspeciality board certification in Chemical Pathology in 1977. From 1975-1979 I was a permanent Senior Staff Physician at NIH. During my tenure at NIH my group developed novel laboratory procedures including a high specificity early colon cancer screening test; specialized tests of blood clotting that help link changes in stress with the stickiness of blood platelets with risk of heart disease; research on the reversibility of coronary artery disease and athreosclerosis; a test to detect blood loss from the intestine; methods for preservation of blood platelets; and fundamental research on the mechanism by which structural proteins (collagen) activate blood platelets.

For this work The J. D. Lane (USPHS) Annual Research Award, the Merck, Sharpe, and Dohme Excellence in Research Award, NIH Meritorious Service Awards have been awarded. My publications include over 40 peer reviewed articles and a roughly equal number of invited papers, abstracts, symposia addresses and books. Since leaving government service I have worked for a healthier America as Fellow of the Health Studies Collegium and through private sector initiatives including projects or reports to The Governor's Office of the State of California; The Board of Agriculture of the State of Hawaii; and The Health Insurance Association of America. Since 1987 I have been Medical Director of Serammune Physicians Laboratory, provider of a state-of-the-art blood test of immune reactions of blood cells. Since 1989 I have also been Director of the Princeton BioCenter, a 20 year old foundation sponsored research institute. I am an elected Fellow of several medical professional societies including the American Society of Clinical Pathologist (ASCP), the American College of Nutrition (ACN), and the American In Vitro Allergy Immunology Society (AIAIS). My qualification for being here is simply that I provide continuing education lectures to over 5,000 medical and naturopathic doctors through invited lectures to professional societies and graduate schools. While I am sure that many of the people who appear before you are distinguished and represent large constituencies, I provide myself and my family's experience as the basis for my remarks.

Reasons why Dr. Jaffe testifies on behalf of this bill:

1. Montana citizens deserve freedom of choice
2. Naturopathic doctors are competently, scientifically, and clinically well trained
3. This bill can help contain costs of medical care
4. Competition in the physicians market is healthy
5. People look to you Senators for protection
6. Naturopathic medicine is being used and unregulated environments invite problems
7. There is a need for professional peer review

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Addressing each of these points in turn...

1. Montana citizens deserve freedom of choice

As American citizens, your constituents deserve to have the freedom to choose among safe and effective forms of health care. This is a basic, constitutional right which is as important in health care as in any aspect of life. People with health needs should have the choice of their health care provider – as they currently do among allopathic (conventional), osteopathic, chiropractic, and podiatric doctors.

2. Naturopathic physicians are competently, scientifically, and clinically well trained

One of the key questions about this bill is the safety and efficacy of naturopathic medicine. While more study always needs be done (or so we scientists almost alwyas say), there is enough scientific literature to satisfy me that the answer to this question of safety and efficacy **is that naturopathic practice is as safe and effective**[1,2], within it's scope of practice, as allopathic medical practice, podiatric practice, osteopathic practice, optometric practice, and chiropractic practice. Studies have shown that naturopathic doctors spend more time per patient visit and that patient outcomes are at least comparable between naturopathic and other doctors, within proper scopes of practice.

One measure of the safety and efficacy issue is the low cost of malpractice insurance for naturopathic doctors compared with medical doctors. For example, a naturopathic doctor pays about $2,000 which is less than one third of the $7,000 premium that a General medical doctor pays in malpractice fees (HIAA, AANP, and WANP, personal communications). In addition, in a four year study by Master Insurance Trust the incidence of naturopathic doctors having malpractice claims made against them was lower than for comparable medical doctors.

In my lectures before naturopathic students I find no difference in level of ability or enthusiasm from that of medical students. If anything, naturopathic students seem

1. Pizzorno, J and Murry, M Textbook of Natural Medicine, Bastyr Press, 1987.
2. Bergner, P Toward documenting the cost effectiveness of naturopathic medicine. AANP Quarterly Newsletter. 1989; 5: 32-35.

more highly motivated and clear in their intent to serve people than medical students. In my continuing education lectures, the attentiveness of the audience and the quality of questions asked is comparable between naturopathic and medical doctors. In my collaborative research in biochemistry, immunology, and toxicology, I find no difference in depth of knowledge of the scientific literature between naturopathic and medical scientists.

Further the curricula for training of naturopathic and other medical doctors are quite similar. The following chart compares naturopathic and allopathic practice.

CURRICULA COMPARISON BETWEEN NATUROPATHIC AND ALLOPATHIC MEDICAL STUDENTS

TRAINING CATEGORY	NCNM[3]	JBC[4]	AAMC[5] AVERAGE[6]
Basic & Pre-Clinical Sciences	2070 hours	1891 hours	1678 hours
Clinical Clerkships	1974 hours	1959 hours	3455 hours
Natural Therapeutics	492 hours	335 hours	0 hours
Therapeutic Nutrition	144 hours	138 hours	12 hours
Counseling	144 hours	158 hours	6 hours
TOTALS	4824 hours	4481 hours	5151 hours

Further, as a person who enjoys the minute details of scientific investigation and the process of scientific discovery, I assure you that naturopathic medicine is as well grounded today in contemporary science as allopathic medicine. In both areas, great stride yet need be made.

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3. NCNM = NATIONAL COLLEGE OF NATUROPATHIC MEDICINE, PORTLAND, ORE.
4. JBC = JOHN BASTYR COLLEGE OF NATUROPATHIC MEDICINE, SEATTLE, WA.
5. AAMC = AMERICAN ASSOCIATION OF MEDICAL COLLEGES, WASHINGTON, DC
6. OF 106 ALLOPATHIC MEDICAL COLLEGES

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Some of my medical colleagues oppose this bill on grounds that naturopathic medicine is not scientifically documented. As someone who ought to know better, I respectfully submit that those who oppose this bill on that supposed grounds, are unaware of the facts.

In conclusion naturopathic medicine is as scientifically grounded and well documented as other medical disciplines.

3. This bill can help contain costs of medical care

We are all painfully aware the costs of medical care continue to rise in spite of heroic efforts to contain them. At the same time peoples confidence in medical professionals is at an all time low.[7] As my grandmother used to say, "The rents are going up and the ceilings are coming down."

By following Surgeon General's Richmond[8] and Koop[9] and also Secretary of Health and Human Services Sullivan's[10] recommendation to employ preventive health approaches; to seek and treat the cause not the consequence of a health problem; to apply low risk / high gain approaches first, naturopathic and other prevention-oriented physicians have been shown to be cost effective in their provision of care[11]. A large part of this derives from naturopathic doctors use of less expensive diagnostic technologies to achieve comparable, equivalent results.

4. Competition in the physicians market is healthy

It is my experience that competition is healthy, useful, and timely.

5. People look to you Senators for protection

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7. Califano, J 'Billions blown on health', New York Times 14 April 1989
8. Richmond J U S Surgeon Generals report on healthy Americans, DHHS, US Govt Print Off, 1978.
9. Koop, C E. U.S. Surgeon Generals report on nutrition and health, U S Govt Printing Office, 1988
10. Sullivan L Health 2000 Report, DHHS, US Govt Printing Office, 1990
11. Hawaii State Auditor, "Study of proposed mandatory health insurance for naturopathic care." Leg Aud, State of Hawaii, December 1989, p12.

You have been selected by your fellow citizens to represent their interests. In my conversations with airport personnel, hotel employees, and legislative staff it is clear that citizens want competent professionals to regulate their professions behavior. People also want the choice available from amongst various professional choices for their care. This is what I hear from Glacier National Park to Bozman; from Billings to Kalispell; from Helena to Arlie.

6. Naturopathic medicine is being used and unregulated environments invite problems

This brings me to a companion point: naturopathic doctors are practicing in this state. They are currently unregulated. There are people who present themselves as naturopaths without proper training. I call upon you to protect people from harm by enacting this legislation.

7. There is a need for professional peer review

I urge you to include proper standards and practices as well as proper peer review in the legislation in order to provide choice to caring, cost effect competent care to yourselves and your fellow citizens.

I am grateful for your attention and the courtesy of listening to my remarks.

EXHIBIT 4
DATE 2-6-91
SB 66

William F. Corell, M.D.
Family Practice • Holistic & Preventive Medicine

S. 3424 Grand Blvd. • Spokane, WA 99203-2621 • (509) 838-5800

January 17, 1991

Montana Legislature
Senate Health Committee

RE: Senate Bill 66
Naturopathic Health Care Practice Act

Dear Health Committee Members:

I am a family practitioner, having been licensed to practice in the state of Washington since 1979. During the last 10 years of my practice, I have been involved in integrating traditional medical care with a more naturally oriented practice. As a result, I have had numerous opportunities of interacting with naturopathic physicians, and this experience has been most favorable. I would strongly support licensure for naturopathic physicians, as I believe this provides distinct advantages for physicians and patients in the state of Montana. I have developed a profound respect for most of the naturopaths with whom I have had contact. Their education at this point time is appropriate and adequate for the situations that they deal with. I have found them to be clinically effective in a number of practice situations which have not responded well to medication or surgery, from a traditional medical standpoint. Finally, the integrity of most of the naturopathic physicians whom I have encountered has been beyond reproach. I have found my interactions with naturopathic physicians to be an enhancement to my practice, and an expansion of patient choice. As a result, I feel complimented by naturopaths, rather than threatened by them.

I understand that many M.D.'s in Montana have not had an opportunity to work directly with naturopathic physicians, and as a result, may feel uncomfortable in providing licensure for naturopaths. I would offer my 10 years positive experience working with naturopaths as a reassurance in this regard. I would also suggest that licensure is the best way to provide quality assurance, to make sure that medical care, both traditional and naturopathic, is of the highest possible caliber. Therefore, I strongly support the licensure of naturopathic physicians in the state of Montana. If I can provide further details, please do not hesitate to contact me. Enclosed is my curriculum vitae for your review.

Thank you for your attention in this matter.

Sincerely yours,

Wm Corell

William F. Corell, M.D.

WC/jm

Enclosure

WHOLISTIC FAMILY MEDICINE

Ben & Linda Hole. M.D.

1-17-91

To Montana State Legislature: re Senate Bill #66

Dear Sirs and Ladies,

I have been a medical doctor for 27 years. I was trained at Stanford and am board certified in diagnostic radiology.

For the past 8 years I have had the pleasure of professional association with Naturopathic Physicians whom I have learned to admire, trust and respect. I believe they bring a valuable and fresh approach to patient care, an approach that is complimentary and certainly not antagonistic to conventional medical practices. I believe your Montana citizens would benefit greatly by a change in your state laws that will allow a better access to Naturopathic Medicine.

I encourage you to affirm Senate bill #66.

Respectfully,

Ben Hole, M.D.

S. 906 Cowley • Spokane • WA 99202

EXHIBIT 10
DATE 2-6-91
SB 66

Montana Dietetic Association
Testimony in Opposition to Senate Bill 66 - February 6, 1991

Madam Chair, members of the committee, my name is Cindy Lewis. I am a licensed nutritionist employed by St. Peter's Community Hospital in Helena. I represent the Montana Dietetic Association and speak on behalf of its 200 members in the State of Montana.

The position of the Montana Dietetic Association continues to be that naturopaths do not have the academic training nor the clinical experience to provide "nutrition counseling and dietary therapy" as proposed in Section 4.(2)(b) of Senate Bill 66.

State law (37-25-101,MCA) provides that "nutritional assessment and counseling affects the public health, safety, and welfare". It also outlines strict educatational, experience, and continuing educational requirements to be able to provide "nutritional assessment and counseling". These requirements were established by the Montana legislature after extensive deliberation in 1987. While the proponents testify that they receive more education than nutritionists, a review of their coursework, provided by the proponents themselves, lists only 4 actual nutrition courses in four years.

The Montana Dietetic Association believes that nutrition is vital to public health and that inappropriate counseling can often create a greater hazard than no counseling at all. To provide counseling to those with acute nutritional or medical needs can be counter to recognized medical treatment and may deter the patient from seeking proper nutritional counseling or medical treatment.

The public depends on the credentials and approvals provided by public agencies to guide them in their choices of health care professionals, yet no one so far has even asked this group what exactly they do, what treatments they provide to the people of this state that is so different from traditional and accepted nutritional practices. Naturopaths are trained to do coffee enemas. Is this a proven therapy? What is the potential for harm?

Particular concerns in this bill are:

- that naturopaths would be free to sell products they prescribe or recommend directly to their patients. This raises ethical concerns: The more they prescribe, the more they sell. Other health care professionals have both legal and ethical restrictions against such a possible financial interest in products they prescribe or recommend.
- a board to regulate only naturopaths is provided for , yet proponents admit there would be only about 12 persons in Montana who could be licensed;
- the recommended board would include no other health care professionals for this as yet unproven health care practice, yet they would be allowed, in Section 10, to adopt any rules specifying the scope of practice of naturopathy;
- proponents of naturopathy stress that success in many of their therapies

cannot be measured by traditional methods such as double blind, controlled studies. Should it be acceptable in Montana to allow these treatments to be used on children, who do not have a freedom of choice?

Perhaps more importantly for this committee, however, is the fact that there has been no demonstrated need for their licensure in the State of Montana. This bill does not fulfill the stated purposes of licensing the this state, e.g.

- There is **no** proof that the unregulated practice of naturopathy directly and immediately endangers the public health, safety and welfare.
- There is **no** proof that the public is not protected by other means.
- There is **no** proof that a majority of the public lacks the knowledge or experience to evaluate whether the practitioner is competent.

The proponents do not appear to have met the burden of proof that regulation is necessary under the criteria of the Sunrise Act which was passed to avoid just this situation. If there is no proof that the unregulated practice of naturopathy directly and immediately endangers the public health, the quest for licensure would appear to function only as a way to try to legitimize this practice. This committee and the Legislature must be extremely cautious in extending the public seal of approval to people and practices that are not based on medical and scientific research.

In conclusion, Madam Chair, the Montana Dietetic Association and its 200 members throughout the State are opposed to legitimizing of a group of health care practitioners not adequately trained in present nutritional practices to assess, evaluate, and counsel on nutritional needs for the people of Montana. We do not feel our objections represent a battle of turf - most of us in Montana have for years been concerned about the health risks of "food fads", nutritional misinfomation, and extreme and inappropriate nutrition advise given by untrained people. The majority of the public recognize the dangers of diets and fads, particularly for children. We strongly object to the misrepresentation of the education of nutritionists by the proponents. A strong clinical nutrition education is only one of the areas of our study. We also extensively study the role of food and exercise in preventive health. A majority of the tiome spent in my position - in a hospital setting - is in fact preventive nutrition counseling, wellness, and lifestyle changes.

We do not feel this represents a freedom of choice issue. The legislature must draw the line somewhere in legitimizing and licensing non-traditional and unproven health care practices.

And finally, we are opposed to legitimizing and licensing a group of less than 20 individuals who have **not** met the burden of proving that regulation is necessary under the criteria stated in the Sunrise Act passed by the Montana legislature in 1987. I would challenge the proponents to legitimize their profession as others have done, by working with institutions of higher learning, including those in Montana, to discover if individual treatments they use are actually effective, or only treatments, high doses of vitamins, glandular extracts or botanical medicines only

appear to cure because of the placebo effect or the passage of time.

I would ask this committee and the legislature to follow the intent of the Sunrise Act and require that groups seeking licensure fulfill the stated purposes of licensing in the State of Montana.

Thank you Madam Chair and members of the Committee. I would be happy to answer any questions you may have later.

MHA MONTANA HOSPITAL ASSOCIATION

1720 NINTH AVENUE • P.O. BOX 5119
HELENA, MT. 59604 • (406) 442-1911

EXHIBIT 11
DATE 2-6-91
SB 66

Testimony of
James F. Ahrens, President
Montana Hospital Association
before the House Human Services & Aging Committee
February 6, 1991

Thank you for this opportunity to testify. The Montana Hospital Association, on behalf of its 58 member hospitals, is opposed to SB 66.

We do so for one reason. MHA believes the Montana Legislature should not authorize the licensing of health professions unless there is irrefutable evidence of the efficacy of the profession to be licensed.

No such independent peer review study that would document the claims of naturopaths that their treatment is successful has been provided to the Legislature during consideration of this bill.

Hospitals are also concerned that even though this bill does not grant naturopaths hospital privileges, it would open the door for them to do so in the future.

For example, the section on the Practice of Naturopathic Health Care -- Section 4, item 3 -- would authorize naturopaths to order certain diagnostic tests. Hospitals are concerned about this provision, because it could be interpreted to invite requests for ordering these tests from their facilities.

Furthermore the bill would permit naturopaths to conduct what is called "minor surgery." In our view, this definition establishes a precedent that would make it easier for naturopaths to broaden their scope of service in the future to a level that would be unsafe. And, that could potentially put Montana's hospitals at risk.

The bill also would permit naturopaths to perform "childbirth attendance," under certain circumstances outside the hospital. But the bill does not address the issue of liability for the hospital if an emergency arises during such treatment and emergency room treatment is required.

Finally, the bill would grant naturopaths pharmacy privileges for prescribing, dispensing and administering drugs, as specified by the Board. Again, there is a question about whether naturopaths' training is sufficient to enable them to perform safely the full range of pharmaceutical services inferred by this language.

Amended to Senate Bill 66 (third reading - blue)
proposed by
Montana State Pharmaceutical Association

EXHIBIT 12
DATE 2-6-91
SB 66

Section 4, page 6, line 4
following: "50-31-301"
strike: "except those natural therapeutic substances and drugs authorized by subsection (2) or [section 10 (2)]"

Section 4, page 6, line 19
following: "therapies"
insert: ", provided they are not legend drugs"

R.D. MARKS, M.D.
Family Practice

Missoula Community Physicians Center #2
2831 Fort Missoula Road
Missoula, MT 59801 • Office Phone 542-1232

EXHIBIT 13
DATE 2-6-91
SB 66

February 4, 1991

To the Members of the House Human Services Committee:

I am writing this letter in opposition to Senate Bill 66 which proposes to license naturopathic physicians.

First of all, let me make it very clear that I do not oppose this legislation based on the fact that naturopaths represent competition. Fortunately, naturopaths are few in number, and most of the public are not gullible enough to believe in their far-fetched therapies that they offer, and therefore, it is not a competitive threat at all.

It is, however, a threat to the public health, and I oppose it on that basis.

Medical doctors and osteopathic doctors all go through four years of credited medical school. That means that they participate in a program that is certified by a national certifying agency. The naturopaths themselves cannot decide what training or education is adequate and, therefore, have no standardized educational or training requirements.

Furthermore, licensed physicians, after receiving the medical or osteopathic degree, go on to post-graduate training through internships and residencies. This requires three to seven years of further training. All of us in the profession of medicine realize that after four years of classroom and limited clinical experience, we are not close to being ready to apply what we have learned to the actual practice of medicine. Naturopaths have no requirements for any kind of post-graduate training where their abilities to actually practice and observe are evaluated. It is a requirement for physicians to get licensed to show that they have had this training, and this should be a basic tenant of any kind of licensing act.

The Naturopath Licensing Act as is outlined in Senate Bill 66 basically gives naturopaths the license to practice just as any allopathic physician in this state can practice. If this legislation is passes by the legislature, it will show that the legislature is irresponsibly deviating from its own guidelines regarding requirements for the practice of medicine.

I would ask that you review the requirements that are necessary to be licensed as a physician in this state before you consider this legislation and then give it a do not pass recommendation.

Furthermore, the National Council on Consumer Fraud in Healthcare has as one of its primary goals exposing the fraudulent practices

Ex. 15
2-6-91
SB 66

offered by naturopaths. Much of what they do is completely untested in any scientific way, and looking at some of the things they treat and their methods of treatment makes me concerned from a medical, scientific viewpoint. Many of the medications for which they seek approval for prescribing are highly potent, potentially toxic chemicals that require more than an idea of the proper dosing regimen to properly prescribe them. Furthermore, naturopaths will dispense these from their offices since they don't have pharmaceutical prescriptive privileges. It is unethical for an allopathic physician to prescribe medications from his own offices because of the fear of unnecessarily prescribing. This legislation opens the door for naturopaths to actually encourage them to do this.

Finally, it has been said by some legislators that since the naturopaths are already practicing medicine and are going to practice no matter what we do, that we should legalize it. I think that logic is quite flawed because if we follow that type of logic, we should legalize all legal drugs, not worry about drunken drivers, and not worry about licensing any other profession in the state because no matter what laws we pass, some people are going to ignore these laws.

In summary, I think that there are several reasons this legislation is seriously flawed, and I would encourage your rejection of this legislation.

Sincerely,

R.D. Marks, M.D.

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 66

DATE 2-6-91 SPONSOR(S) Sen. Halligan

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
3287½ S. 4th W. Missoula MT 59801 TAMMARA L. Smith	Self	✓	
CHRISTINE BAUTISTA 226 SPRUCE DRIVE KALISPELL, MT 59901	SELF	✓	
Kathee Dunham 520 Agency Rd Arlee MT 59821	self	✓	
Margaret Vance 417 Beverly - Mssla, Mt 59801	Self	✓	
DAVID GRAY 136 E Broadway Miss MT 59802	Self	✓	✓
Michael H. Bardos, D C 950 N Montana, Helena MT	MCA	✓	
Michael A. Anderson DC 1992 S 1st W Missoula MT			
Mary A. Musil 556 Sparta, Helena, MT	self		✓
Printer Bowler Big Fork, MT	myself + many friends	✓	
Mike Stephan Helena	MT Nurses Assn.		✓
JUDITH CARLSON	MANP	X	
EDWARD P. BERGIN SIDNEY	MMA		✓
Jerome T Loendorf	Mt. Ped ASSN		✓
Brian Sipe	Mt. Medical ASSN		X

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

_____ COMMITTEE BILL NO. SB 66

DATE _____ SPONSOR(S) _____

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Allen Ligfah	self	✓	
Jody Manning	Self	✓	
Katy Delaney	Self		✓
Ted J. Doney	Mt. Assn. of Naturopathic Physicians	✓	
Steve Huntington	Dietetic Association		✓
Martha F. Bugni	self	✓	
Mary Strauhm	self	✓	
Roger Tippy	Mt State Pharmaceutical Assoc.		✓
Nancy O'Neil	Self		✓
DD Dowd	self		✓
Laura J Solo	self		X
1974 Bordo Grade Susan Larson	MDA		✓
Leslie Pierson 3885 Karla Dr, Helena	MDA		✓
John DeLano			✓

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HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

Human Services & Aging COMMITTEE BILL NO. SB 64

DATE 2-6-91 SPONSOR(S) Sen. Halligan

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Jerome A. Kessler Sidney MT	self		✓
John Gregory Billings	"		✓
MICHAEL Bergkamp Helena	MANP	✓	
Patricia Murphy Box 7095, Missoula, MT.	self	✓	
Laurie Jones	Self	✓	
John P. Jones	Self.	✓	
Mary Werner Brown 418 E Spruce MSLA	"	✓	
Jeannine Fläten 1339 River St. Missoula, MT.	Self	✓	
Gary Dale 554 W Broadway MSLA	Self		
Box 196 Clancy, MT 59634 Phyllis Lefohn	self	✓	
Judy Hoyer	self		✓
Nancy Dunne 218 E Front Missoula	MANP	✓	
Nancy Aagenes Butte	MANP	✓	
Linda Lewis - Helena	MT Dietetic Assn		✓

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER

_____ COMMITTEE BILL NO. SB 66

DATE 2-6-91 SPONSOR(S) _____

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
Debra L Kaimuty	MDA		✓
Deb Byerness	MDA		X
Patricia A. Hennessey	Self		X

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

build these facilities and then fund them over a long period of time. Its hard to see where you are when you have continual sunset, whereas if it becomes a permanent part of the law then there is something to rely on. This issue can be revisited any time, but the question is who is going to bear the burden and who will be bringing the issue forth. The burden has been placed enough on the advocates of CON and it is time to place a burden on those who oppose the CON law to come forth with reasons why it is not appropriate.

Vote: Motion on the amendment failed 19-1 with REP. SQUIRES voting aye.

Vote: Motion carried unanimously.

EXECUTIVE ACTION ON SB 66

Motion: REP. LEE MOVED SB 66 BE CONCURRED IN.

Discussion:

REP. TUNBY stated that we would be better off with the naturopaths licensed than not licensed.

Motion: REP. LEE moved to amend SB 66.

Page 6.
Following: line 11
Insert: "(d) perform specific adjustments or manipulations of the spinal column, as defined in 37-12-101; or"
Renumber: subsequent subsections

Discussion:

REP. LEE stated that the amendment says "to perform specific adjustments or manipulations". We aren't covering those general things. The naturopaths have some training in spinal manipulation, but not nearly the amount that is required.

REP. HANSEN stated that she opposes the amendment. The naturopaths claim they do not do this kind of manipulation. The naturopaths send the patients to chiropractors or doctors to do this. The naturopaths would not like this in the bill, because it limits their abilities to treat their patients.

REP. DOWELL stated that it is a fairly common practice for health care providers to refer patients to other health care professionals in the medical field. He opposes the amendment.

REP. HANSEN stated that this amendment would clear up what a person in the medical practice can or cannot do.

REP. WHALEN stated that in all of the health care fields there is

some overlap in practice. If the concern is consumer protection, the ultimate consumer protection is the malpractice lawsuit.

Vote: Motion carried. **EXHIBIT 18**

Motion: **REP. LEE** moved to amend SB 66. **EXHIBIT 19**

Discussion:

REP. LEE stated that the amendments removed from the bill any references to the ability to use drugs or surgery of any kind.

REP. JOHNSON stated that if we are going to license the naturopaths to do anything, they ought to be able to be licensed to do what their practice has trained them to do.

REP. DOWELL stated that for many years people have chosen to go to naturopaths for childbirth services, and people will continue to do that. If we take away the tools that make that process safe and the procedures that create a safe environment for both the mother and baby, we would be doing for serious disservice to the public. He opposes the amendments.

REP. TUNBY stated that he opposes the amendments.

REP. BOHARSKI stated that he doesn't think the amendments would "gut" the bill.

REP. DOWELL stated that the whole intent of this bill will provide the opportunity of protection for the naturopaths.

REP. HANSEN asked if he trusts a licensing board to adopt the correct rules. **REP. LEE** said yes.

REP. WHALEN stated that he opposes the amendments. The amendments seem to tie the hands of the naturopaths.

Motion: **REP. JOHNSON MADE A SUBSTITUTE MOTION TO AMEND SB 66. EXHIBIT 20, which gives them the authority to use oxytocin, which is the last half of 3, last three words of 4, and last three words of 6.**

Discussion:

REP. JOHNSON asked what would happen if we allowed the naturopaths to practice the way they are right now. They are coming to us and telling us what they do currently and nobody stops that. Anyone that wants to go to the naturopaths goes to them. Now we are going to reduce their practice. The naturopaths are simply asking to be able to practice they way they are currently, which doesn't give any protection at all. Licensing does not raise the status of businesses, it protects the consumer.

REP. SQUIRES stated that pitocin is an extremely dangerous type of medication that if not administered properly can rupture the uterus by the severe infractions of that particular drug. There are a lot more problems that can result from the use of the drug.

REP. WHALEN stated that they wouldn't be using pitocin in the home if they had admitting privileges in a hospital, but that is probably not going to happen in our lifetime. This boils down to training. The ultimate consumer protection is that if somebody is negligent in the handling of this drug, they will pay for it with a lawsuit.

REP. J. RICE stated that the committee should vote on the last three words of amendment 3; the last three words on amendment 4; and the last three words in amendment 6. We have to break those amendments in half because those are the authorizing provisions.

David Niss stated that in paragraph 3, if we move all of the amendments except the questioned language regarding the drug, then are we striking, for example, "emergency medicines" or not. **REP. J. RICE** said we are not.

REP. J. RICE stated that if you vote "yes", you will be voting to adopt all of the proposed amendments on the sheet, with the exception of numbers 3, 4 and 6 dealing with oxytocin, which we have separated out and would be acceptable. **David Niss** stated that we are not deleting emergency medicines in this.

REP. RUSSELL stated that the committee can either keep oxytocin in or out.

REP. TUNBY stated that natural childbirth isn't the only time the naturopaths use oxytocin. **Dr. Dunn** stated that only the naturopaths who have had special training and have great competency use this.

REP. BOHARSKI stated that the committee needs to vote on this and then get this subject out of the way. It is very clear what REP. JOHNSON wants to do.

Vote: Motion carried unanimously.

Motion: **REP. JOHNSON** moved to amend **SB 66.**

Discussion:

REP. JOHNSON stated that he wants to put "oxytocin into the amendments (numbers 3, 4, and 6) that were just adopted.

REP. J. RICE stated that the committee deleted "emergency medicine" and all the other language and separated out the issue of oxytocin. Now REP. JOHNSON wants the language dealing with oxytocin back in to authorize the naturopaths to use that medicine.

REP. SQUIRES stated by voting against this motion, we won't be taking away that privilege.

REP. BECKER stated that she is opposed to home births.

David Niss stated that in paragraph 3, 4 and 6 the amendment would insert oxytocin.

Vote: Motion carried. **EXHIBIT 21**

Motion: **REP. STICKNEY** moved to amend **SB 66. EXHIBIT 22**

Discussion:

REP. STICKNEY stated that the purpose of the amendments really go in terms of all medical personnel so the doctors don't start signing prescription drugs to make money for their own benefit. The protection is for the small community if they do not have a drug store. Obviously the naturopaths do have things that are linked to their profession that they do sell and make a profit from, and those drugs are probably not available in other stores.

REP. WHALEN stated that it is his understanding that the amendments the committee just adopted limit these health care practitioners down to a very limited type of homeopathic, therapeutic substances that they could use in their practice, with the exception of oxytocin, which is used in one specialized circumstance. Naturopathic physicians are not oriented toward drug therapy, except in very limited circumstances.

Vote: Motion carried. **EXHIBIT 23**

Motion: **REP. WHALEN** moved to amend **SB 66.**

Page 6, lines 4 through 6,
Strike: natural therapeutic substances

Discussion:

REP. STICKNEY stated that if the naturopaths are going to be able to dispense and sell drugs, then they should go by the same rules like other health care professionals. **REP. WHALEN** stated that the difference between a drug and something that occurs in nature is that a drug can be patented. Therefore, the sale of a drug can be restricted, but you can have something that occurs from nature such as vitamins.

REP. J. RICE stated that "natural therapeutic substances" are not defined in the bill. **REP. WHALEN** said that it doesn't have to be defined in the bill to have any meaning. A natural therapeutic substance could be anything from vitamins to herbs.

Jerome Loendorf, Montana Medical Association, stated that the purpose of the amendment is to fill the conflicts of interest. A

conflict of interest can occur if you prescribe something and then sell it, whether it is a drug or a natural therapeutic substance.

REP. WHALEN stated that we are restricting the naturopaths further than anyone of us could go. If we want the naturopaths to turn around and sell the drugs for as much money as they wanted to we could do that. Right now we are saying the naturopaths cannot.

REP. STICKNEY stated that you are not applying for a license to practice medicine and that is the difference. **REP. WHALEN** stated that he knows the legal difference between something that occurs in nature and a drug patented under law.

David Niss stated that the motion is to delete the language "any natural therapeutic substances".

Vote: Motion carried. **EXHIBIT 24**

Motion: **REP. MESSMORE** moved to amend **SB 66.**

Page 6, line 23.
Strike: "immunization,"

Discussion:

REP. MESSMORE stated that children need immunization.

REP. DOWELL stated that he agrees, but by removing this it isn't going to be encouraging to take their children elsewhere to get immunization.

Mr. Loendorf stated that immunizations are needed long before children are six years old.

Vote: Motion carried. **EXHIBIT 25**

Motion: **REP. SQUIRES** moved to amend **SB 66.**

Discussion:

REP. SQUIRES stated that the naturopaths have the capability of picking a group of five physicians. She suggested that the Montana Medical Association pick five physicians, and have the Governor pick an individual.

REP. DOWELL stated that naturopaths are a very valid group of health care providers.

REP. JOHNSON stated that he has served on the Medical Examiners Board for the past 15 months, but you can't serve in the Legislature and serve on the board too. The board has considered having the naturopathic part of the part of the Board of Medical

Examiners on more than one occasion, but it isn't possible the way it is set up right now. It is not just the naturopaths that need a board. To have 13 or 14 on a board is absolutely ridiculous and it is financially difficult.

REP. SQUIRES WITHDREW HER MOTION.

Motion/Vote: **REP. WHALEN MOVED SB 66 BE CONCURRED IN AS AMENDED.** Motion carried. **EXHIBIT 26**

ADJOURNMENT

Adjournment: 8:00 p.m.

Angela Russell
ANGELA RUSSELL, Chair

Jeanne C. Krumm
Jeanne Krumm, Secretary

AR/jck

HOUSE OF REPRESENTATIVES

HUMAN SERVICES AND AGING COMMITTEE

ROLL CALL

DATE 2-8-91

NAME	PRESENT	ABSENT	EXCUSED
REP. ANGELA RUSSELL, CHAIR	✓		
REP. TIM WHALEN, VICE-CHAIR	✓		
REP. ARLENE BECKER	✓		
REP. WILLIAM BOHARSKI	✓		
REP. JAN BROWN	✓		
REP. BRENT CROMLEY	✓		
REP. TIM DOWELL	✓		
REP. PATRICK GALVIN	✓		
REP. STELLA JEAN HANSEN	✓		
REP. ROYAL JOHNSON	✓		
REP. BETTY LOU KASTEN	✓		
REP. THOMAS LEE	✓		
REP. CHARLOTTE MESSMORE	✓		
REP. JIM RICE	✓		
REP. SHEILA RICE	✓		
REP. WILBUR SPRING	✓		
REP. CAROLYN SQUIRES	✓		
REP. JESSICA STICKNEY	✓		
REP. BILL STRIZICH	✓		
REP. ROLPH TUNBY	✓		

CS05HUMSER.MAN

HOUSE STANDING COMMITTEE REPORT

February 11, 1991

Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 66 (third reading copy -- blue) be concurred in as amended .

Signed: _____
Angela Russell, Chairman

And, that such amendments read:

1. Page 4, line 9.
Strike: "major"

2. Page 4, line 11.
Following: line 10
Strike: subsection (6) in its entirety
renumber: subsequent subsections

3. Page 5, line 4.
Strike: "emergency medicines
Insert: "oxytocin (pitocin)"

4. Page 6, lines 4 through 6.
Following: "except"
Strike: remainder of line 4, and lines 5 and 6 in their entirety
Insert: "for whole gland thyroid, homeopathic preparations, and oxytocin (pitocin)"

5. Page 6, line 11.
Strike: "or"

6. Page 6.
Following: line 11
Insert: "(d) perform specific adjustments or manipulations of the spinal column, as defined in 37-12-101; or"
Renumber: subsequent subsections

7. Page 6, line 16.
Following: "prescribe"
Strike: the remainder of line 16 , and line 17 through "37-2-104"

8. Page 6, line 21.
Strike: "AND"

9. Page 6, line 22.
Following: "~~antibiotics~~"
Insert: ", and oxytocin (pitocin)"

10. Page 6, line 23.
Strike: "immunizations,"

11. Page 7.
Following: line 10
Insert: "(4) Except as hereinafter provided by this subsection. it is unlawful for a naturopath to engage, directly or indirectly, in the dispensing of any drugs that a naturopath is authorized to prescribe by subsection (2) of this section. If the place where a naturopath maintains an office for the practice of naturopathy is more than 10 miles from a place of business which sells and dispenses the drugs a naturopath may prescribe under subsection (2) of this section, then, to the extent such drugs are not available within 10 miles of the naturopath's office, the naturopath may sell such drugs that are unavailable."

12. Page 13, line 11.
Following: "surgery,"
Strike: "natural antibiotics,"

EXHIBIT 18
DATE 2-8-91
SB 66

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 2-8-91 **BILL NO.** SB66 **NUMBER** 1

MOTION: Rep. Lees amendment

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN		✓
REP. ARLENE BECKER		✓
REP. WILLIAM BOHARSKI	✓	
REP. JAN BROWN		✓
REP. BRENT CROMLEY	✓	
REP. TIM DOWELL		✓
REP. PATRICK GALVIN		✓
REP. STELLA JEAN HANSEN		✓
REP. ROYAL JOHNSON		✓
REP. BETTY LOU KASTEN	✓	
REP. THOMAS LEE	✓	
REP. CHARLOTTE MESSMORE	✓	
REP. JIM RICE	✓	
REP. SHEILA RICE		
REP. WILBUR SPRING		✓
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR		✓
TOTAL	10	9

EXHIBIT 19
DATE 2-8-91
SB 66

Amendments to Senate Bill No. 66
Third Reading Copy

Requested by Rep. Lee
For the Committee on Human Services and Aging

Prepared by David S. Niss
February 8, 1991

1. Page 3, line 23 through line 10 on page 4.
Following: line 22
Strike: subsection (5) in its entirety
renumber: subsequent subsections

2. Page 5, lines 4 and 5.
Strike: "ophthalmic" on line 4 through "surgery, " on line 5

3. Page 5, lines 20 through 22.
Following: line 19
Strike: subsection (11) in its entirety

4. Page 6, lines 9through 11.
Strike: "except" on line 9 through "10 through 19]" on line 11

5. Page 6, line 23.
Strike: "immunizations, topical drugs,"

6. Page 7, line 2.
Following: "contraception,"
Insert: "and"

7. Page 7, line 3.
Strike: ", and minor surgery"

8. Page 13, lines 10 through 12.
Strike: ", which" on line 10 through "[section 4]" on line 12

EXHIBIT 20
DATE 2-8-91
SB 666

Proposed Amendments
to
Senate Bill 66
by Montana Association of Naturopathic Physcians

1. Page 4, line 9, delete "major";

2. Page 4, line 11, delete lines 11 through 15 and renumber following subsections accordingly;

3. Page 5, line 4, delete "emergency medicines" and insert in lieu thereof "oxytocin (pitocin)";

4. Page 6, lines 4 through 6, delete "those natural therapeutic substances and drugs authorized by subsection (2) or [section 10(2)]" and insert in lieu thereof "for whole gland thyroid, homeopathic preparations, and oxytocin (pitocin)";

5. Page 6, line 21, delete "AND";

6. Page 6, line 22, following "~~antibiotics~~ insert ", and oxytocin (pitocin)".

EXHIBIT 21
DATE 2-8-91
SB 66

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 2-8-91 **BILL NO.** SB 66 **NUMBER** 2

MOTION: Rep. Johnson's amendment - Exhibit

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI		✓
REP. JAN BROWN	✓	
REP. BRENT CROMLEY	✓	
REP. TIM DOWELL	✓	
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN	✓	
REP. ROYAL JOHNSON	✓	
REP. BETTY LOU KASTEN		✓
REP. THOMAS LEE		✓
REP. CHARLOTTE MESSMORE		✓
REP. JIM RICE		✓
REP. SHEILA RICE		
REP. WILBUR SPRING		✓
REP. CAROLYN SQUIRES		✓
REP. JESSICA STICKNEY		✓
REP. BILL STRIZICH		✓
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR	✓	
TOTAL	10	9

EXHIBIT 22
DATE 2-8-91
SB 66

AMEND SENATE BILL 66, THIRD READING COPY

1. Page 6, line 16
Following: "prescribe"
Delete: the remainder of line 16, and line 17 through "37-2-104,"

2. Page 7
Following line 10,
Insert: "(4) Except as hereinafter provided by this subsection, it is unlawful for a naturopath to engage, directly or indirectly, in the dispensing of any natural therapeutic substances or drugs that a naturopath is authorized to prescribe by subsection (2) of this section. If the place where a naturopath maintains an office for the practice of naturopathy is more than 10 miles from a place of business which sells and dispenses the natural substances and drugs a naturopath may prescribe under subsection (2) of this section, then, to the extent such substances and drugs are not available within 10 miles of the naturopath's office, the naturopath may sell such substances or drugs that are unavailable."

EXHIBIT 23
DATE 2-8-91
SB 66

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 2-8-91 BILL NO. SB 66 NUMBER 3

MOTION: Rep. Stickney's amendment

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN		✓
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI	✓	
REP. JAN BROWN		✓
REP. BRENT CROMLEY	✓	
REP. TIM DOWELL		✓
REP. PATRICK GALVIN		✓
REP. STELLA JEAN HANSEN		
REP. ROYAL JOHNSON		✓
REP. BETTY LOU KASTEN	✓	
REP. THOMAS LEE	✓	
REP. CHARLOTTE MESSMORE	✓	
REP. JIM RICE	✓	
REP. SHEILA RICE		
REP. WILBUR SPRING	✓	
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR		✓
TOTAL	12	6

EXHIBIT 24
DATE 2-8-91
SB 66

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 2-8-91 BILL NO. SB66 NUMBER 4

MOTION: Rep Whalen's amendment

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI		✓
REP. JAN BROWN	✓	
REP. BRENT CROMLEY	✓	
REP. TIM DOWELL	✓	
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN		
REP. ROYAL JOHNSON	✓	
REP. BETTY LOU KASTEN		
REP. THOMAS LEE		✓
REP. CHARLOTTE MESSMORE	✓	
REP. JIM RICE	✓	
REP. SHEILA RICE		
REP. WILBUR SPRING	✓	
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY		✓
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR	✓	
TOTAL	14	3

SB 66 2-8-91

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 2-8-91 BILL NO. SB 66 NUMBER 5

MOTION: Rep. Messmore's amendment

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI	✓	
REP. JAN BROWN		✓
REP. BRENT CROMLEY	✓	
REP. TIM DOWELL		✓
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN	✓	
REP. ROYAL JOHNSON	✓	
REP. BETTY LOU KASTEN		
REP. THOMAS LEE	✓	
REP. CHARLOTTE MESSMORE	✓	
REP. JIM RICE	✓	
REP. SHEILA RICE		
REP. WILBUR SPRING	✓	
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY	✓	
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR		✓
TOTAL	15	3

SB 66 2-8-91

HOUSE OF REPRESENTATIVES

HUMAN SERVICES COMMITTEE

ROLL CALL VOTE

DATE 2-8-91 BILL NO. SB 66 NUMBER 6

MOTION: Rep Whalen - DO PASS AS AMENDED

NAME	AYE	NO
REP. TIM WHALEN, VICE-CHAIRMAN	✓	
REP. ARLENE BECKER	✓	
REP. WILLIAM BOHARSKI		✓
REP. JAN BROWN	✓	
REP. BRENT CROMLEY		✓
REP. TIM DOWELL	✓	
REP. PATRICK GALVIN	✓	
REP. STELLA JEAN HANSEN	✓	
REP. ROYAL JOHNSON	✓	
REP. BETTY LOU KASTEN		✓
REP. THOMAS LEE		✓
REP. CHARLOTTE MESSMORE		✓
REP. JIM RICE		✓
REP. SHEILA RICE	✓	
REP. WILBUR SPRING		✓
REP. CAROLYN SQUIRES	✓	
REP. JESSICA STICKNEY		✓
REP. BILL STRIZICH	✓	
REP. ROLPH TUNBY	✓	
REP. ANGELA RUSSELL, CHAIR	✓	
TOTAL	12	8